



# Hopewell Township Police Department

## **ACT 134-Crime Victim/Right of Access Request Form and Fee Schedule**

**Fee Schedule:** Pursuant to Act 18 Pa. C.S.A. §9158.2(d), the Department will impose reasonable fees for costs incurred to comply with requests. For any request, a \$150.00 processing fee will be imposed. Payment of the processing fee in form of a money order is required before any work is completed to fulfill the request. In addition to the processing fee, the Department will impose additional fees as necessary to cover the costs associated with providing the materials and information that are released.

Processing Fee: \$150.00

Redactions: \$0.25/page

Photocopying: \$0.25/page

Flash drives/DVD/electronic storage: Actual Cost

Retrieval: Actual Cost

Postage: Actual Cost

The information and requirements contained herein are subject to change, without notice, and will be further amended pursuant to any rules and regulations provided by the Pennsylvania Office of the Attorney General and/or Supreme Court of Pennsylvania.



# Hopewell Township Police Department

## ACT 134-Crime Victim/Right of Access Request Form

Date requested: \_\_\_\_\_

Request Submitted:  In person  Certified Mail

Requesting Party: \_\_\_\_\_

Status of Requesting Party:  Crime Victim  Crime Victim's Legal Representative  
(Attach documentation)

Civil Defendant  Civil Defendant's Legal Representative  
(Attach documentation)

Civil Case Title and Caption: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/County/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Crime Victim (if different from the requesting party): \_\_\_\_\_

-Complete Proper Verification on Next Page-



# Hopewell Township Police Department

## ACT 134-Crime Victim/Right of Access Request Form

**BASIS FOR ACCESS (choose one):**

- Requested information is directly related to a civil action pending in a court in this Commonwealth; or
- Requested information is material and necessary to the investigation or preparation of a civil action in this Commonwealth

If granted, Dissemination of Material Should be Directed to (Name, Title, Address, Email):

(Dissemination of information may be made to the requesting party or the requesting party's legal representative, or their attorney as directed by the request for information.)

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**DESCRIPTION OF INFORMATION REQUESTED:**

A request for dissemination must identify or describe the information sought with sufficient specificity to enable the Department to ascertain which information is being requested. Attach additional pages if necessary. If known, please also provide the date of the incident(s), the names of those involved in the incident(s), Department incident number(s) and any criminal case number or numbers.

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# Hopewell Township Police Department

## VERIFICATION (Crime Victim/Defendant-Filed Civil Action)

I, \_\_\_\_\_ hereby verify, subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities, that the information in the above-request is true and correct to the best of my knowledge and belief, that I am crime victim (or their legal representative) or a defendant in a civil action in which a crime victim is a party (or their legal representative) and that the requested information is directly related to that civil action pending in a court of this Commonwealth. I understand that any information obtained pursuant to this Request shall be used only in connection with an actual or potential civil action directly relating to that criminal history investigative information. I also understand that the use of information obtained under pursuant to this request to harass, intimidate, threaten another shall constitute a misdemeanor of the second degree.

SIGNED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

## VERIFICATION (Crime Victim-Preparation/Investigation)

I, \_\_\_\_\_ hereby verify, subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities, that the information in the above-request is true and correct to the best of my knowledge and belief, that I am a crime victim (or legal representative) and that the requested information is material and necessary to the investigation or preparation of a civil action in this Commonwealth. I understand that any information obtained pursuant to this Request shall be used only in connection with an actual or potential civil action directly relating to that criminal history investigative information. I also understand that the use of information obtained under pursuant to this request to harass, intimidate, threaten another shall constitute a misdemeanor of the second degree.

SIGNED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_