



HILLTOWN TOWNSHIP POLICE

13 West Creamery Road ▪ P.O. Box 260 ▪ Hilltown, PA 18927
Office (215) 453-6000 ▪ Dispatch (215) 453-6011 ▪ Fax (215) 453-6062

ACT 134 - CRIME VICTIM RIGHT OF ACCESS REQUEST FORM

Pursuant to 18 Pa. C.S. §9158 seq., a crime victim or a defendant in a civil action in which a crime victim or their legal representative may request the dissemination of criminal history investigative information that is directly related to a civil action pending in a court in this Commonwealth.

In addition, a crime victim or the crime victim's legal representative may request the dissemination of criminal history investigative information that is material and necessary to the investigation or preparation of a civil action in this Commonwealth.

Act 134 requests must be served upon the Chief of Police via personal service or certified mail with receipt.

The Hilltown Township Police Department may deny any request, in whole or in part, pursuant to the exceptions identified in 18 Pa. C.S. §9158.3 and 18 Pa. C.S. §9158.5. Absent extenuating circumstances, **all requests for information related to a pending investigation or prosecution will be denied** as permitted by the Act.

The Fee for Processing each Request is \$125. Additional fees may apply (**See Page 4 – FEES**). If you have questions, please call 215-453-6000. All requests for audio and/or video recordings must be submitted via an Act 22 - Law Enforcement Video Request Form.

Date Requested: _____

Request Submitted: In-Person Certified Mail

Requesting Party Information:

Full Legal Name:
Company or Law Firm (if applicable):
Mailing Address:
City / State / Zip Code:
Email:
Telephone / Alternate Telephone:



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Status of Requesting Party:

<input type="checkbox"/> Crime Victim	<input type="checkbox"/> Crime Victim's Legal Representative
<input type="checkbox"/> Civil Defendant	<input type="checkbox"/> Civil Defendant's Legal Representative

Reason for Request: (Choose One)

<input type="checkbox"/> Pending Civil Action in this Commonwealth (Provide Civil Docket No. and Case Caption)
<input type="checkbox"/> Preparation of Civil Action in this Commonwealth

Requested Materials Are to be Provided to:

Send to Requesting Party's Above Listed: <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email Address
Send to Requesting Party's Legal Representative: <input type="checkbox"/>
Legal Representative's Name:
Legal Representative's Firm: (if applicable)
Legal Representative's Mailing Address:
Legal Representative's Phone:
Legal Representative's Email:



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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. 18 Pa. C.S. §9158.2. 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(s))

Verification: (Failure to Complete This Section will Result in a Denial of Request)

I _____ hereby verify, subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities, that the information in this request is true and correct to the best of my knowledge and belief. (select appropriate identifying qualification below)

- I am a **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 in this Commonwealth.
- I am a **Crime Victim** (or their legal representative) and that the requested information is material and necessary for 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 for its intended purpose and in connection with an actual or potential civil action directly relating to that criminal history investigative information. I also understand that the use of any information obtained pursuant to this request to harass, intimidate, or threaten another shall constitute a criminal action; a Misdemeanor of the second degree.

Printed Name: _____ **Signature:** _____

Signed on this _____ **day of** _____ **20**_____.



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Fees:

Pursuant to 18 Pa. C.S. §9158.2(d), the Department will impose reasonable fees for costs incurred to comply with requests. For any request, a standard processing fee of \$125.00 will be imposed. Payment of the processing fee is required before any work is completed to fulfill the request. In addition, the Department will impose additional fees as necessary to cover additional costs associated with providing the requested materials. A cost-estimate will be provided in advance, and payment is expected before the responsive materials are released.

- **Processing Fee** - \$125.00
- **Electronic Storage Devices** (DVDs, flash drives, external hard drives, etc.) - Actual Cost
- **Retrieval** - \$6.25 / fifteen minutes
- **Redactions** - \$6.25 / fifteen minutes
- **Photocopying** - \$0.25 / page for black & white, \$0.50 / page for color
- **Legal Work** - \$17.50 / fifteen minutes
- **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 the Supreme Court of Pennsylvania.

For Internal Police Department Use Only:

Date Received: _____ Act 134 Incident #: _____

Incident # or #'s Requested: _____

Date Due (60 Days): _____ Response Date: _____

Approved for Release

Approved/Denied In Part

Release Denied