

MONTANA EIGHTEENTH JUDICIAL DISTRICT COURT, GALLATIN COUNTY

**APPLICATION FOR THE RELEASE OF CONFIDENTIAL CRIMINAL JUSTICE INFORMATION
MANAGED BY THE BELGRADE POLICE DEPARTMENT (44-5-303 and 44-5-301(1)(B), MCA)**

Applicant Name _____

Physical Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

*****Processing fees will be assessed at the time of release*****

- **CFS** (\$5.00 plus 0.50 per page after the first 6 pages) _____
- **ACCIDENT REPORT** (\$15.00 includes any pictures) _____
- **CASE REPORT INCLUDING VIDEO/BODY CAM/CAR CAM)** _____
(\$20.00 first USB, \$15.00 for any additional USB's)

Name and date of birth of person(s) Involved

Date of Incident

Location of Incident

Reason for Request this must be detailed

**Please allow for 1-10 weeks for processing. Some requested reports may require
an order from the District Court prior to release.**

**I acknowledge there is a processing fee associated with this request. I also agree
to pay this fee upon release of the requested items.**

Applicant signature _____

OFFICE USE ONLY: USB contains the following pertaining to CCJI request –

PDF documents _____ **Photos** _____ **Videos** _____

RELEASED ____/____/____

\$ _____