

OFFICE OF THE COUNTY ATTORNEY

Mineral County

P.O. Box 339

Superior, Montana 59872

Phone (406) 822-3535

Fax (406) 822-3822



MINERAL COUNTY CONFIDENTIAL CRIMINAL JUSTICE INFORMATION

Information regarding on-going criminal investigations, possible pending criminal cases, and closed criminal cases is confidential by law.

Disclosure of confidential criminal justice information almost always requires a court order. The procedures for obtaining confidential criminal justice information (CCJI) can vary depending on what type of information you are seeking and your relationship to the case. Below are some general guidelines on obtaining criminal justice information.

- If you are requesting information for multiple incidents, please submit an application for **each request**.
- If you are a **victim** in a case, the prosecutor assigned to your case can decide whether you can have confidential information. Leave the completed form with the receptionist and it will be provided to the prosecutor assigned.
- We only review requests for release of CCJI held by **Mineral County agencies** (Sheriff and 911). If your request is for information held by non-Mineral County agencies (i.e., Montana Highway Patrol), **please make your request directly to that agency**.
- Our office only has access to **completed reports**. If the report you are requesting has not been completed by the law enforcement agency, we will not be able to obtain the report for the attorney's review until the report is completed.
- If you are seeking **911 records**, please be aware that if approved, 911 will assess a minimum fee of \$35. This fee increases depending on the amount of time it takes to locate the record. In addition, any record provided on CD will cost an additional \$10.

- If you are currently a **Defendant** in a case being prosecuted by our office, requests for any items considered discovery will be denied. This information will be provided to your attorney (or to you, if you are not represented by counsel/Pro Se) by our office through the discovery process.
- Any information provided must remain **confidential**. **If your request is approved, the documents provided to you are for your information only.** You cannot provide it to anyone else in accordance with Montana Code Annotated. If you are requesting the information to provide to a court, an attorney, insurance agency, etc., you will need to obtain a Court Order to receive this information.
- **Your application will be reviewed.** Once your request is received it will be processed and reviewed by an attorney. If your request is approved, there will be a \$.10 per page charge for copies made and a \$10 cost for a copy of each video. Cash and exact change are required. We will notify you of the approval/denial once a review is completed.

Thank you.

APPLICATION FOR CRIMINAL JUSTICE INFORMATION
FROM MINERAL COUNTY, MONTANA

Please provide as much information as possible (bolded items required).
One completed application is required per incident.
For multiple incidents please submit multiple applications.

Your Name:

Phone: home/cell/work:

E-mail Address:

Mailing Address:

Home Address (if different from mailing address):

Your role: VICTIM/SUSPECT/OTHER* (circle) Explain Your Role:

Cause No. (if there is a court case):

If you are an attorney requesting for your client, please list your client(s) name:

Investigating Agency:

Report No. (if known):

Are you requesting 911 records (please circle one): Yes/No

If yes, are you requesting 911 audio in addition to any reports? (please circle one): Yes/No

Date/Time of Event:

Type of Incident:

Location of Incident:

People Involved (please list full names):

Involved Officer(s) (if known):

Other information that would help us locate the report:

Please list everything that you are requesting:

Please describe in detail why you need this information:

I, _____, request the Mineral County Attorney's Office to authorize release of confidential criminal justice information. I affirm that the above information is correct and true. I also understand that this information is confidential in nature and, by accepting any confidential criminal justice information, I agree not to further disclose it, except as authorized by law (§ 44-5-303(3), MCA (2019)).

Signature

Date

Application for Criminal Justice Information received by _____
(county employee's name and position/title) on _____ (date
application received)

Date received by the Mineral County Attorney's Office: _____