



LEHIGH COUNTY OFFICE OF THE DISTRICT ATTORNEY

CRIME VICTIM RIGHT OF ACCESS FORM INSTRUCTIONS

Please carefully review the instructions prior to submitting a request pursuant to 18 Pa. C.S. § 9158 et seq.

All Crime Victim Right of Access Requests must be submitted to the District Attorney's Office and MUST include the following:

CVRA Request Form

1. *NAME* - Attorneys should include their client's name and information as the requesting party.
 - A requesting party is "a crime victim or a defendant in a civil action in which a crime victim is a party." 18 Pa.C.S. § 9158.
 - A "crime victim" is any individual "against whom a crime has been committed or attempted and who as a direct result of the criminal act or attempt suffers physical or mental injury, death or the loss of earnings." 18 Pa.C.S. § 11.103.
2. *REASON FOR REQUEST*
 - The requesting party must affirm that criminal history "investigative" information is either:
 - o Directly related to a civil action pending in a court in this Commonwealth, or
 - o if requesting party is the crime victim, material and necessary to the investigation or preparation of a civil action in the Commonwealth
3. *MATERIALS REQUESTED* - requests must describe the information sought with sufficient specificity to enable the District Attorney's Office to ascertain what is being requested.
4. *DELIVERY OF REQUESTED MATERIALS:*
 - Materials will only be provided to a crime victim, a defendant in a civil action in which a crime victim is a party, or their attorney.
 - Delivery may be in person, U.S. Mail, or email.
 - o Please note that large data files cannot be emailed and will either need to be picked up in person or mailed.

Unsworn Statement

All requests must include a unsworn statement by the requesting party or the requesting party's legal representative, made subject to the penalties of section 4904 (relating to unsworn falsification to authorities). This statement must affirm the following:

- the requested information is directly related to a civil action pending in a court in this Commonwealth or,
- if the requesting party is a crime victim or the crime victim's legal representative, material and necessary to the investigation or preparation of a civil action in this Commonwealth.

Fees

Pursuant to 18 Pa. C.S. §9158.2(d), the District Attorney's Office will impose reasonable fees for costs incurred to comply with requests.

Processing Fee - \$250

- *Payment of this fee is required before any work is completed to fulfill the request.*
- Payment is accepted by check or money order payable to the Lehigh County.

Additional fees may be imposed 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 will be released.

Processing Fee	\$250
Electronic storage devices such as DVDs, flash drives, and external hard drives	Cost
Retrieval	\$6.25/15 minutes
Redactions	\$6.25/15 minutes
Photocopying/scanning	\$0.25/page
Legal review	\$17.50/15 minutes
Postage	Cost

Completed Forms and Statements:

- In person at the District Attorney's Office, Lehigh County Courthouse, 455 W. Hamilton St., Suite 307, Allentown, PA 18101: Monday-Friday between 8:30a.m. and 4:30p.m.;
- Mailed to Lehigh County District Attorney's Office - Attn: CVRA Request; or
- E-mailed to AleskaGonzalez@lehighcounty.org



LEHIGH COUNTY OFFICE OF THE DISTRICT ATTORNEY
CRIME VICTIM RIGHT OF ACCESS REQUEST FORM

Date of request: _____

1. **Name of Requesting Party:** _____

Crime Victim: _____ Crime Victim's Representative: _____ Defendant in a Civil Action: _____

Address: _____

Telephone No.: _____

Email: _____

2. **Reason for Request:** _____ Pending Civil Action

If Action is Pending, provide Docket #: _____

_____ Preparation of a Civil Action

3. **Materials Requested:**

Criminal Case Caption: _____

Criminal Docket No.: CP-____ -CR-____ - _____

4. **Delivery of Requested Materials:**

_____ Requesting Party

_____ Attorney for Requesting Party

Attorney Name: _____

Via: _____ Email

_____ US Mail

_____ In person

18 Pa.C.S. § 9158.2(B) UNSWORN STATEMENT

I, _____, hereby state as follows:

1. I am a Requesting Party or the legal representative of a Requesting Party pursuant to 18 Pa.C.S. § 9158 *et seq.*
2. The requested information is directly related to a civil action pending in a court in this Commonwealth, or material and necessary to the investigation or preparation of a civil action in this Commonwealth. 18 Pa.C.S. § 9158.2(a).
3. I understand that criminal history investigative information obtained pursuant to 18 Pa. C.S. § 9158 *et seq.* is discoverable in a civil action directly related to the crime, unless otherwise nondiscoverable or privileged from discovery. 18. Pa.C.S. § 9158.2(e).
4. I understand that information obtained pursuant to this request shall be used only in connection with an actual or potential civil action directly relating to this criminal history investigative information and that use of information to harass, intimidate, or threaten another shall constitute a criminal offense. 18 Pa.C.S. § 9158.5 (c), 18 Pa.C.S. § 9158.5 (d).
5. The statements made in this declaration are true and correct to the best of my knowledge, information and belief. I make these statements pursuant to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Signature of Requesting Party Or
Requesting Party's Legal Representative

Date

(if applicable) Signature of Attorney for
Requesting Party Or Requesting Party's
Legal Representative

Date