



KITSAP COUNTY SHERIFF'S OFFICE

Records Division
614 Division ST MS-37
Port Orchard, WA 98366



REQUEST FOR CRIMINAL HISTORY/ARREST RECORD INFORMATION

For a history of criminal conviction information within the entire state of Washington, contact the Washington State Patrol WATCH program at <https://fortress.wa.gov/wsp/watch/>

CRIMINAL HISTORY - conviction information within the jurisdiction of Kitsap County only \$24.50

ARREST INFORMATION - include non-conviction arrests will be disseminated only to the subject and/or authorized government agencies \$24.50

****NOTE: PLEASE PRINT. INSUFFICIENT OR ILLEGIBLE INFORMATION MAY DELAY RESPONSE**

Today's Date:		Please provide as much information as possible in the spaces below			
SUBJECT'S INFORMATION					
SUBJECT'S LAST NAME		FIRST NAME		MIDDLE NAME	
				DATE OF BIRTH	
OTHER NAMES USED (INCLUDING MAIDEN, ALIASES, and OTHER NAMES)				PLACE OF BIRTH (CITY, STATE, COUNTRY)	
STREET ADDRESS				DRIVER'S LICENSE OR I.D. # / STATE	
CITY		STATE		ZIP CODE	SEX (M / F)
					SOCIAL SECURITY # (optional)
RACE (optional) <input type="checkbox"/> White/Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other/Unknown					
REQUESTOR'S INFORMATION					
NAME (INCLUDING TITLE OF REQUESTOR IF APPLICABLE)				CONTACT PHONE #	FAX NUMBER
				()	()
MAILING ADDRESS				SIGNATURE	
CITY		STATE		ZIP CODE	
				ADDITIONAL INFORMATION	
				DOES YOUR RESPONSE LETTER NEED TO BE NOTARIZED? _____ Yes (add \$8.00 fee) _____ No	
KCSO USE ONLY					
Request Received By/Badge #				"Received" Stamp	
*ID verified _____ Y _____ N					
*ID required only if subject/requestor are the same for non-conviction arrest requests					
Precinct Received at:		_____ Reception			
_____ Port Orchard		_____ Mail			
_____ Silverdale		_____ Fax			
_____ Mall		_____ Other _____			
Receipt #					