



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 \$19.00

ARREST INFORMATION - include non-conviction arrests will be disseminated only to the subject and/or authorized government agencies \$19.00

****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 \$6.00 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: _____ Port Orchard _____ Silverdale _____ Mall _____ Reception _____ Mail _____ Fax _____ Other _____					
Receipt #					