



Monroe County Office of the District Attorney

701 Main St., Suite 200, Stroudsburg, PA 18360

(570) 517-3052 • info@monroecountyda.com

Crime Victims Right of Access Request Form

Please carefully review the instructions prior to submitting a request

Requesting Party Information:

Name of Requester:	Status:	
	Crime victim: <input type="checkbox"/> Crime victim's representative: <input type="checkbox"/> Defendant: <input type="checkbox"/>	
Requester's Address:	Telephone:	Email Address:

Request Information:

Reason for Request:	Case Caption and Civil Docket Number:
Pending civil action: <input type="checkbox"/> Preparation of civil action: <input type="checkbox"/>	

Materials Requested:

Please be specific, clear, and concise. Make sure to reference the applicable criminal docket number, OTN, and criminal case caption. Also include the name(s) of any victim(s) and criminal defendant(s), if known. Use additional pages if necessary.

Requested Materials Should Be Provided To:

Party to Receive Materials:		
Requesting Party: <input type="checkbox"/> Attorney for the Requesting Party: <input type="checkbox"/>		
Name:	Firm, if any:	
Mailing Address:	Telephone:	Email Address:



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Unsworn Statement Pursuant to 18 PA C.S. § 9158.2(b)

Statement:

I, _____, hereby state as follows:
Your name

1. I am a Requesting Party or the legal representative of a Requesting Party pursuant to 18 PA C.S. § 9158¹.
2. As described in the included attachment, 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 is discoverable in a civil action directly related to the crime, unless otherwise non-discoverable 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

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

Date



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Crime Victims Right of Access Request Form Instructions

Please carefully review these instructions prior to submitting your request.

Materials can only be provided to a “requesting party” as defined in 18 PA C.S. §9158 or to the requesting party’s attorney. A “requesting party” is defined as “a crime victim or a defendant in a civil action in which a crime victim is a party.” A “crime victim” is defined as 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.”

These forms, along with the initial non-refundable processing fee of \$250, must be submitted to:

Crime Victim Right of Access
Monroe County Office of the District Attorney
701 Main Street, Suite 200
Stroudsburg, PA 18360

Requests must include the following:

1. **Crime Victim Right of Access Request Form.** This form must be thoroughly and accurately completed. Attorneys should include their client’s name and information as the requesting party.
2. **Specific description of the information requested.** All requests must describe the information sought with sufficient specificity to enable the Office of the District Attorney to ascertain what is being requested.

Failure to adequately identify the information sought shall be grounds for denial.

3. **Unsworn Statement.** All requests shall include an unsworn statement by the requesting party and/or the requesting party’s legal representative meeting the requirements of 18 Pa. C.S. 9158.2(b).

This statement should include a statement clearly demonstrating that the requested information is “directly related to a civil action pending in a court of this Commonwealth” or “material and necessary to the investigation or preparation of a civil action in this Commonwealth.”

4. A check or money order payable to the “Monroe County Office of the District Attorney”.

The failure to comply with the foregoing may result in denial. Please be sure to retain a copy of all materials submitted; these materials will be needed in the event of any future appeal.

Response from the Office of the District Attorney

A written response granting or denying the request will be provided within sixty (60) days of receipt of the request or by the date returnable on the request, whichever is later.

The Office of the District Attorney may deny a request, in whole or in part, for any of the reasons provided in 18 PA C.S. §9158.3.

Absent extenuating circumstances, all requests for information related to a pending investigation or prosecution will be denied.

The Office of the District Attorney will not provide any privileged or non-discoverable information, including but not limited to the following:

- Grand Jury investigative materials;
- Medical, mental health or treatment information;
- Materials protected by the attorney-client or work-product privileges;
- Material protected by 42 Pa. C.S. Sec. 63 (relating to juvenile matters);
- Material subject to 42 Pa. C.S. Sec. 67A (relating to recordings by law enforcement officers); or
- Information that is otherwise prohibited or protected from disclosure or dissemination by federal or state law.

Fees

Pursuant to 18 PA C.S. §9158.2(d), the Office of the District Attorney imposes reasonable fees for the costs incurred to comply with requests. For any request, a standard processing fee will be imposed.

Payment of the \$250 processing fee is required before any work is completed to fulfill the request.

Please make any check or money order payable to the Monroe County Office of the District Attorney.

The Office of the District Attorney imposes the below additional fees, as necessary to cover the costs associated with providing the requested materials. A cost-estimate will be provided in advance, and payment is expected before, the responsive materials are released.

Processing fee:	\$250.00
Digital storage devices (<i>e.g., USB drive, CD, etc.</i>):	Cost
Retrieval:	\$6.25 / 15 minutes
Redactions:	\$6.25 / 15 minutes
Photocopies:	\$0.25 / page
Legal review:	\$17.50 / 15 minutes
Postage:	Cost