WEST WHITELAND TOWNSHIP POLICE DEPARTMENT

101 COMMERCE DRIVE
EXTON, PA 19341
OFFICE: (610) 363-0200 FAX: (610) 363-6671
WESTWHITELANDPD.ORG

Crime Victim Right of Access Request – Unsworn Statement

18 Pa. C.S. 9158.2(B)

I, _____. hereby state as follows:

1. I am Requesting Party or the legal representative of a Requesting Party pursuant to 18 Pa. C.S. 9158 et seq. (a Requesting Party is defined as "a crime victim or a defendant in a civil action in which a crime victim is a party.")

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 non-discoverable or privileged from discovery. 18 Pa. C.S. 9158(e).

4. I understand that information obtained pursuant to this request shall be used only in connection with an actual or potential civil action 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