

LUBBOCK COUNTY SHERIFF'S OFFICE

REQUEST OF INFORMATION (ROI)

Governing Law: Texas Public Information Act (Texas Government Code, Chapter 552)

REQUESTER INFORMATION

(Please print clearly. Incomplete information may delay processing.)

Full Legal Name: _____

Date of Birth (required if requesting records about yourself): ____ / ____ / ____

Mailing Address: _____

City / State / ZIP: _____

Phone Number: _____

Email Address: _____

Preferred Method of Response: Email Mail In-Person Pickup

SUBJECT OF RECORDS

(Complete if requesting records about an inmate or specific individual)

Name(s) of Inmate / Individual: _____

Date(s) of Birth: _____

Booking Number / SID / Case Number (if known): _____

Date Range of Records Requested: _____

TYPE OF RECORDS REQUESTED

(Check all that apply. Additional detail is required below.)

A. Law Enforcement, Detention, and Inmate Records

- Call Sheets
- Arrest Reports
- Booking / Intake Records
- Classification / Housing Records
- Disciplinary Reports / Hearings
- Incident Reports / Jail Logs
- Grievances / Requests
- Movement / Transport Records
- Release / Transfer Documentation
- Program Participation (Education, Religious, Work, etc.)

I consent to the redaction of confidential information.

COST ACKNOWLEDGMENT

Pursuant to Texas Government Code §§552.261–552.275:

I agree to pay applicable charges I request a written cost estimate before processing
(required if costs exceed \$40)

CONFIDENTIALITY & STATUTORY NOTICE

I understand that certain information may be **withheld, redacted, or referred to the Texas Attorney General** as required or permitted by law, including but not limited to:

- Medical and mental health records (Gov't Code §552.101; HIPAA; Health & Safety Code Ch. 611)
- Chemical dependency records (42 CFR Part 2)
- Criminal history record information (Gov't Code §411.085)
- Juvenile records (Family Code §58.007)
- Active criminal investigations (Gov't Code §552.108)
- Security-sensitive detention facility information
- Body-worn camera recordings (Texas Occupations Code §1701.661)

Submission of this request does not guarantee release of all requested records.

REQUESTER CERTIFICATION

I certify that the information provided is accurate and that this request is made in accordance with the Texas Public Information Act.

Signature: _____

Printed Name: _____

Date: ____ / ____ / ____

FOR OFFICIAL USE ONLY – Lubbock County Sheriff's Office

Date Received: _____

Received By: _____

Method of Receipt: In Person Mail Email

Statutory Deadline: _____

Disposition: Released Partially Released Denied Civil DA Review

Notes:
