



CRAIG ROBERTS, Sheriff

# Clackamas County Sheriff's Office

## REQUEST FOR VERIFICATION OF INCARCERATION

(PLEASE PRINT CLEARLY)

Person Requesting Report: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

(Please check one) Please e-mail once completed  Please mail once completed  I will pick up once completed

Please provide the following information:

Inmate Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Fill out one of the following sections:

I am requesting incarceration records regarding a specific case:

Case Number(s): \_\_\_\_\_

Dates or Years Requested: \_\_\_\_\_

I am requesting all time spent in custody during a specific period of time:

Dates or Years Requested: \_\_\_\_\_

Other request or additional notes regarding request: \_\_\_\_\_

Submit request to: Clackamas County Jail, Attn: Court Services  
By mail: 2206 Kaen Rd., Oregon City, OR 97045  
In person: Administration Lobby 2206 Kaen Rd., Oregon City, OR 97045

FEE SCHEDULE: **\$10.00 per request**, Only one inmate per incarceration verification request.  
Cash or money orders only  
Make money orders payable to Clackamas County Jail.

Most requests will be processed in 72 hours from the date received.  
Payment is required prior to processing request.  
If no incarceration record is available, payment will be returned.

*"Working Together to Make a Difference"*