The Dallas County Marshals Office will make every effort to get the information that you request to you immediately. The time taken to process your request will vary depending on the volume of requests received by the Records Office. The Dallas County Marshals reserves the right to seek a ruling from the Texas Office of the Attorney General regarding the release of any records. If such a ruling is sought, the Records Office will notify you of that fact within ten (10) business days, excluding weekends and city closures.

For police reports related to a pending criminal prosecution, the County can object to release of the report. However, except for cases involving a minor, the public portion of the report may be released. The public portion of a report includes:

a. The basic information of the arrested person(s)
b. The basic information of the victim/complainant/reporting person
c. The basic narrative

The public portion of a report (in most cases) does not include:

a. The date of birth, phone number, and personal information of an arrested person.
b. Any details of a suspected person(s) (a person that was not arrested).
c. Any other details of the victim/complainant/reporting person other than their name, age, and description.
d. Any details of any witnesses.

There are 2 ways to return this form:
1. Print the form, complete, sign and Fax it to 214-653-4485 Attn: Operations Lieutenant A. Barnes
2. Print the form, complete, scan and Email to the Operations Lieutenant angela.barnes@dallascounty.org

By signing my name below, I certify that I have read and understand the above information. At this time, I am requesting the: (public ☐ / non-public ☐) portion of the report. (Check or mark a box)

Signature: ______________________________________
Please fill out the below listed information, print clearly, and include as much information as possible to ensure this request is processed efficiently:

1. Date of Request:
   ___________________________________________

2. Name of the Requestor:
   ___________________________________________

3. Send the information to me by: Email / US Mail / I Will Pick Up (Circle One)

4. Requestor’s Email Address:
   ___________________________________________

5. Requestor’s Address:
   ___________________________________________
   City: ______________________________________ State: __________ Zip Code: ______

6. Requestor’s Phone:
   ___________________________________________

7. Requestor’s Company Name (If Applicable): ___________________________________________

8. I Want: an Offense Report / a Traffic Accident Report (Circle All that Apply)

9. DCMS Case Number:
   ___________________________________________
   (This is usually provided by an DCMS Officer on a business card on the day of incident. Providing this information will greatly expedite your request).

10. Date of the Incident:
    ___________________________________________

11. Approximate Time of the Incident: ____:____ am/pm (Circle one)

12. Name and Date of Birth of Complainant, Victim or Drivers Involved:
    ___________________________________________

13. The Address, Block or Intersection of Where the Police were Dispatched to:
    ___________________________________________

14. The Phone Number Used to Dial 911 (If Applicable): ________________________________

15. If the information you want is not listed as an option, please give a detailed description of the information that you seek: