BUCKS COUNTY DEPARTMENT OF CORRECTIONS
CUSTODIAN OF RECORDS CERTIFICATION

• The Custodian must attach to this Certification a copy of a subpoena, release, or other order or authorization (“attached request”) that specifies the records being requested.
• The Custodian shall check only one of the applicable boxes below.
• The Custodian shall sign and date at the bottom of this form.

☐ RECORDS/MATERIALS ENCLOSED

The documents provided pursuant to the attached request are true and complete copies of all available records requested. No items have been withheld (unless stated otherwise in an attachment to this certification). To the best of my knowledge, the attached documents are duplicates of records of regularly conducted activity of the Department of Corrections (“DOC”) which were:

(1) made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters;
(2) kept in the ordinary course of the regularly conducted activity; and
(3) was made by the regularly conducted activity as a regular practice.

☐ NO RECORDS/MATERIALS FOUND

A thorough search of DOC records, carried out under my direction using the specific information provided in the attached request revealed no responsive documents, records or other materials. I cannot certify whether the requested records might exist under a different name or spelling that what was provided in the attached request.

CERTIFICATION

I am over the age of 18 and a duly authorized custodian of records for the DOC. As such, I have the authority to certify the facts stated next to the box checked above. I hereby certify that these facts are true and correct to the best of my knowledge, information, and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. §4904, or any law of the jurisdiction in which this document is executed relating to unsworn falsification to authorities.

_____________________ _________________
Printed Name   Signature    Title