

REQUEST FOR DISCOVERY

Summons Number: _____

Name of Defendant: _____(PRINT)

Defendant's Date of Birth: _____

Person Requesting (Circle One): **Defendant**
 Parent of Juvenile Defendant
 Attorney of Record

Name: _____(PRINT)

Address: _____

Daytime Phone: _____

Cell Phone: _____

Court Date: _____

Reason for Request: _____

Defendant Date Attorney of Record Date

Parent of Juvenile Defendant Date

- Requests for Discovery will be processed by the City Attorney's office and will be completed as soon as possible.
- When your Discovery is ready for pick-up you will be called and will be directed to pick-up your Discovery at the Municipal Clerk's office. Payment for Discovery is due when picked up.

FOR COURT OFFICE USE ONLY

Date File Copied by Court: _____

Date Reviewed by Prosecutor: _____

Date Discovery Returned to Court: _____