

DISCOVERY REQUEST

(To be returned to the City of Rossville City Attorney's Office)

City of Rossville v. _____ Court Case No: _____
(Defendant's name)

___ Represented ___ Pro Se; I am the defendant and I am representing myself.

Attorney: _____

Address: _____

Phone: _____ Email: _____

By making this discovery request, I agree to the following:

1. I am the Defendant or have been appointed or retained to represent the Defendant in the above-listed case.
2. I, the Defendant or Attorney for the Defendant, agree that I will be responsible for and pay the cost of document and/or audio and video reproduction.
3. I agree to provide reciprocal discovery to the City Prosecutor's Office as specified in the discovery information sheet.
4. I will not share with or disclose to the Defendant or any other persons not agents of the undersigned attorney any personal information (address, phone number, SSN, date of birth, etc.) of any victim or witness contained in the reports.

ITEMS REQUESTED

{ } Police Report { } Photographs { } Video
{ } Citation Notes { } Written Statements { } Audio

{ } Other (Specify) _____

Defendant or Attorney for Defendant Date Requested Date Received & Initials

(For City Prosecutor's Office use only)

Approved by: _____ Date: _____ Notes: _____