

## DISCOVERY REQUEST

Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Next Court Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I am requesting a copy of the police report (discovery) in the above case. I understand that if I have more than one case in the City of SeaTac, I need to make a separate request for each case. If I have an attorney, I understand that a copy of any discovery will be forwarded to my attorney and not to me. I understand that the City of SeaTac will provide only one copy of discovery in my case. If I hire an attorney, or the public defender (in criminal cases only) is appointed to my case, I am responsible for forwarding the discovery to my attorney.

\_\_\_\_\_ I would like to pick my discovery up. Please call me at the phone number above when this is ready. I understand that if I have not heard anything **10 days after this notice is filed**, I should call 206-973-4630 to inquire.

\_\_\_\_\_ Please mail the discovery to me. Discovery will be sent out within 10 days. My address is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

**RETURN THIS FORM TO THE SEATAC LEGAL DEPARTMENT. DO NOT RETURN THIS FORM TO THE MUNICIPAL COURT. THE COURT IS NOT RESPONSIBLE FOR FORWARDING YOUR DISCOVERY REQUEST TO THE PROSECUTING ATTORNEY.**