



LAKE QUIVIRA POLICE DEPARTMENT
10 CRESCENT BOULEVARD
LAKE QUIVIRA, KANSAS 66217
FAX: (913) 631-5761

REQUEST FOR DISCOVERY

PLEASE PRINT AND COMPLETE THIS FORM – MISSING OR UNREADABLE INFORMATION COULD CAUSE A DELAY IN YOUR REQUEST

Defendant Name: _____

Defendant Date of Birth: _____ PD Case No or Ticket No: _____

Date of Incident: _____ Time of Incident: _____

Court Date: _____ Court of Jurisdiction: _____

Name of Person Requesting Discovery: _____

Circle one: Defendant Attorney (if attorney, provide Bar # _____)

REQUEST FOR COPIES OF:

\$5.00 ea POLICE REPORTS OTHER: (be specific) _____

\$25.00ea IN CAR VIDEO _____

By signing this document, I hereby certify that:

- I am the Defendant or the Attorney for the Defendant in a pending case in the Lake Quivira Municipal Court, Johnson County District Court, or Wyandotte County District Court
- My next court date is scheduled for: _____
- I understand that payment must be received before transfer of items of discovery.
- I understand that the request will be mailed to the address listed above unless faxed, or picked up in person.

Signature

Date

OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE

DATE RECEIVED: _____ By: _____

ITEMS TO BE RELEASED: _____

PAYMENT RECEIVED _____

METHOD OF PAYMENT _____

ITEMS NOT AVAILABLE AS REQUESTED: _____

DATE OF PAYMENT _____

DATE DISCOVERY, FAXED, OR PICKED UP: _____ PICKED UP BY: _____