



REQUEST FOR DISCOVERY

Please Print and Complete Entire Form – Missing or unreadable information could cause a delay in your request

Defendant Name: _____

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

Name of Person Requesting Discovery: _____
circle one: Defendant Attorney

Mail Discovery to:

Street Address: _____

City, State, Zip: _____

Phone: _____ Cell Phone: _____

E-mail: _____ Fax Number: _____

failure to provide e-mail may cause a delay in your request

My request is for copies of:

[] Police Reports [] (other, be specific) _____

[] In-car Video [] (other, be specific) _____

By signing this document, I hereby certify that:

- I am the Defendant or the Attorney for the Defendant in a pending case in the Lenexa Municipal Court
My next court date is scheduled for: _____ (REQUIRED)
I understand that the Police Department will e-mail me (if e-mail address is provided) the cost associated with this request
I understand payment must be received at the PD before my request will be fulfilled
I understand that my request will be mailed to the address listed above

Signature _____

Date _____

Your form may be submitted in person, by fax: 913-888-8690, or by mail: Police Department, 12500 W. 87th Street Parkway, Lenexa, KS 66215

Office Use Only: Do Not Write Below This Line

Date received: _____ by: _____

Items to be released: _____

Cost Notification: _____ Amt \$: _____

Payment received: _____ Amt \$ _____

Method of payment: _____

Pgs: 1-10 \$5 11-25 \$10 26+ \$15 _____

Video, etc. requested: _____ received: _____

of Dvd: _____ x\$25 = _____ Handling \$5: _____

Discovery Mailed: _____ or Picked up: _____

Misc: _____