

# REQUEST FOR DISCOVERY FROM CITY ATTORNEY

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

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

Defendant Date of Birth: \_\_\_\_\_ Court Docket Number: \_\_\_\_\_

Name of Person Requesting Discovery: \_\_\_\_\_

**REQUIRED Circle one:**

I am Defendant

I am Attorney

**Mail Discovery to:**

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**My request is for copies of:**  Police Reports  Citation  In-car Video  Photographs

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 Canby Municipal Court
- My next court date is scheduled for: \_\_\_\_\_ (REQUIRED)
- I understand that I will receive an e-mail (if e-mail address is provided) or call about the cost associated with this request.
- I understand payment must be received at the Court before my request will be fulfilled.
- I understand that my request will be mailed to the address listed above or picked up at the Court office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Send form by fax: 503-263-0019, e-mail: [Court@canbyoregon.gov](mailto:Court@canbyoregon.gov) or mail to  
Canby Municipal Court, PO Box 930, Canby, OR. 97013

**Office Use Only: Do Not Write Below This Line**

Date received: \_\_\_\_\_ by: \_\_\_\_\_ to City Attorney date: \_\_\_\_\_

Items to be released:  Police Report: \$15 each  Other Documents: \$10 each  DVD/CD/Flashdrive Photos or Video

\$25 each

Discovery Mailing Cost: Actual costs \_\_\_\_\_ Payment received: \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Discovery mailed date/by (initial): \_\_\_\_\_ Discovery picked up date/by (initial): \_\_\_\_\_

Comments: \_\_\_\_\_