

DEFENSE ATTORNEY DISCOVERY REQUEST FORM

Request Submitted by: <i>Defense Attorney's Name</i>		
Attorney Bar Number:		
<ul style="list-style-type: none"> • Fees apply to each item of discovery requested. See Fee Schedule. • Defense attorney's offices will receive an email with links to the discovery items and an invoice. Video files, such as Mobile Audio/Video (MAV) or Surveillance Video, will be billed on an emailed invoice, but sent on a physical disc by US Mail. 		
Discovery Item(s) Requested:	<input type="checkbox"/> Documents (reports, witness statements, photos, etc.) <input type="checkbox"/> 911 Audio <input type="checkbox"/> MAV (disc) <input type="checkbox"/> Other _____ <input type="checkbox"/> All Above Discoverable Items	
Defense Attorney's Contact Information		
Primary Phone:		
Primary Email Address:		
Physical Address:		
Case/Defendant Information		
Defendant's Name:		
Court Case Number(s):		
Court Date/Department:		<input type="checkbox"/> D1 <input type="checkbox"/> D2 <input type="checkbox"/> D3

Please submit this request form to the City Attorney's Office/Criminal Division:

Fax: 702-267-1371
 Email: CAOCriminalLegalSupport@cityofhenderson.com
 Address: City Attorney's Office/Criminal Division, MSC 711
 City of Henderson
 243 Water Street, 1st Floor
 Henderson, NV 89015