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2nd ASSISTANT DISTRICT ATTORNEY
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CHIEF DEPUTY DISTRICT ATTORNEYS
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Andrew J. Lewis
Daniel M. McDonald

CRIMINAL JUSTICE RECORDS REQUEST FORM

Date: _____

Requested By: _____ **Relationship to Case:** _____
(i.e., victim's atty. victim, press, etc.)

Address: _____ **Phone:** (____) _____

(Include city, state and zip code)

Re: _____ **Criminal Case #** _____ **Court Room:** _____
(Defendant's Full Name)

What file(s) and records would you like to access?
(Please be as specific as you can)

Please describe why you want the requested records.

For Office Use Only:	
Redaction Fee	
Disc Fee	
Total	

I, _____, affirm that the records requested above will not be used for the direct solicitation of business for pecuniary gain.

Deputy District Attorney Record Release:

(please print, sign and date)

APPROVAL (specify record type):

DENIAL (give reason):
