## MEDIA REQUEST

### Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

# Requested By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Case: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 i.e., Defense Atty., Defendant, etc.

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Include city, state, zip code

Re:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Defendant’s Full Name Case # & Court Room #

***Media request must be specific. Non-specific requests will result in an evidence research fee of $30 per hour.***

|  |  |  |
| --- | --- | --- |
| Audio: |  |  |
|  | Agency and Evidence Number |  |
|  |  |  |
|  | Agency and Evidence Number |  |
|  |  |  |
| Video: |  |  |
|  | Agency and Evidence Number |  |
|  |  |  |
|  | Agency and Evidence Number |  |
|  |  |  |
| Photos: |  |  |
|  | Agency and Evidence Number |  |
|  |  |  |
|  | Agency and Evidence Number |  |
|  |  |  |
| Other: |  |  |
|  | Agency and Evidence Number |  |
|  |  |  |
|  | Agency and Evidence Number |  |
|  |  |  |
| Intoxilyzer Log Sheets:  |  |
|  | Agency | Date of Offense |  |

|  |
| --- |
| **Forms of payment: Visa, Mastercard, check or money order; *NO CASH ACCEPTED******Cost varies depending on media format.******Notification of cost will be provided when media becomes available*** |
|
|
|
|
|
|