## 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.***

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| --- | --- | --- | --- | --- | --- |
| 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 | |  |

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| **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*** |
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