



Office of the City Attorney • (425) 452-6829 • FAX (425) 452-7256
Post Office Box 90012 • Bellevue, Washington • 98009 9012

DEFENDANT REQUEST FOR DISCOVERY

(IF YOU ARE CURRENTLY REPRESENTED BY AN ATTORNEY, WE CANNOT PROVIDE YOU WITH DISCOVERY. YOUR ATTORNEY SHOULD CONTACT OUR OFFICE.)

INSTRUCTIONS: YOUR REQUEST WILL BE PROCESSED WITHIN TWO WEEKS & SENT BY CHOSEN DELIVERY METHOD. KINDLY SEND A COPY OF THIS FORM TO BELLEVUE DISTRICT COURT.

Date of Violation: _____

Citation No. (i.e. B1xx; xZxx): _____

Police Case No. : _____

Court Date & Time: _____

Delivery method (please circle one):

Mail	E-mail	Pick up at Service First Desk
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I, _____, request a copy of the police case report in the matter concerning the above referenced citation no.

Signature

Print Name

Current mailing address

Today's Date

E-mail Address

Day Phone Number