

REQUEST FOR DISCOVERY



CLIFTON G. HARROLD
SHERIFF

Defendant Name: _____
Mailing Address: _____
Email Address: _____
Phone Number: _____
Court Date: _____
Summons/Citation Number: _____

Prior to processing your written request for discovery, this office requires payment in advance of \$20.00 per request (for pick up) or \$23.00 and a self addressed stamped envelope (for certified mail). This fee covers the citation front and back, and the report or CAD log. Additional charges apply to any other material requested. Please allow a minimum of 14 days to process from the date request is received.

Signature: _____
Date of request: _____

*For Office Use Only

No Fee Received. Letter created and mailed.

_____ Date Fee Received
Time Stamp

- Certified Mail fee received
- Request to be picked up by _____

Receipt Created

Copies made

- Deputy
- Defendant
- File

_____ Reverse Discovery/Discovery Handout given
Time Stamp

Handout and Discovery mailed certified to defendant, if applicable

Notes: _____