

OFFICE OF THE CITY ATTORNEY

435 Ryman • Missoula MT 59802
(406) 552-6020 • Fax: (406) 327-2105
attorney@ci.missoula.mt.us

PRO SE FORM #2 REQUEST FOR DISCOVERY MATERIALS (NOT GUILTY PLEA ENTERED)

1. Full name (please print): _____
2. Docket (Court) No. (begins with "TK-" or "CR-"): _____
3. Offense(s) date: _____
4. Offense(s): _____
5. I appeared before the Missoula Municipal Court and pled not guilty and hereby request the City Attorney's Office provide all discoverable materials pursuant to Mont. Code Ann. § 46-15-322.
6. I understand there is a fee for discovery materials not provided through JusticeWeb to include:
 - \$7.00/ flat fee for all reports associated with case; and
 - \$25.00 / per DVD with digital media and photos (this service is only provided to those living outside Missoula County).
7. I understand that if I am unable to download digital media and photos from JusticeWeb, I may email attorney@ci.missoula.mt.us to make arrangements to provide a flash drive for copying;
8. My current contact information is:

Address: _____
Street City State Zip

Email address: _____ Phone: (____) _____

9. My signature below signifies my agreement to pay the necessary fees to receive discovery materials in hardcopy.

TODAY'S DATE

SIGNATURE