

OFFICE OF THE DISTRICT ATTORNEY
THIRD JUDICIAL DISTRICT OF KANSAS
Chadwick J. Taylor, District Attorney

TO: OFFICE OF THE DISTRICT ATTORNEY, THIRD JUDICIAL DISTRICT

REQUEST FOR DISCOVERY AND INSPECTION
WITH RECIPROCAL DISCOVERY AGREEMENT
(Effective July 1, 2009; Updated April 21, 2010)

DATE: _____ ASSIGNED ADA: _____

STATE v. _____ CASE #: _____

DEFENSE ATTORNEY: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

RETAINED

APPOINTED

P.D./CONFLICTS

By making this discovery request, I agree and acknowledge:

1. I have been appointed or retained (with Entry of Appearance) to represent the Defendant in the above-listed case.
2. Supplemental reports will often come in at a later date. I will continue to check with the prosecutor as to the existence of additional reports.
3. As the undersigned attorney of record, I agree that I will be responsible for, and pay the cost of document reproduction to Copy Center; the cost of audio and video reproduction to Smith Audio and Visual and/or the cost of photograph reproduction to Wolfe's Cameras, Camcorders and Computers.
4. I agree to provide to the District Attorney's Office and/or to produce for inspection and copying all scientific or medical reports, books, papers, documents, audio tapes, video tapes and/or tangible objects intended to be offered at trial no later than twenty (20) business days following arraignment or within five (5) business days of receipt of same following arraignment, whichever comes first. If not obtained until more than twenty (20) business days after arraignment, I agree to provide same within five (5) business days. Any continuance because of defense failure to provide discovery shall be chargeable to defendant for speedy trial purposes.
5. I will not share with or disclose to the Defendant or any other persons not agents of the undersigned attorney any personal information (address, phone number, SSN, date of birth, etc.) of any victim or witness contained in the reports. I understand this information is in the State's file.
6. I will not give, loan or reproduce any audio and/or video tapes, CDs or DVDs for/to any other person.

ITEMS REQUESTED:

Police Reports Photographs Video: _____

911 Recording Written Statements Audio: _____

Other (Please List): _____

Signed: _____ Attorney No. _____

FOR DISTRICT ATTORNEY'S OFFICE USE ONLY:

Date Request Received: _____ ADA Approval: _____

Date Copies Made: _____ Date Copies Picked Up: _____

Clerk's Initials: _____ Number Of Copies: _____
