



CITY OF GILLETTE

City Attorney
P.O. Box 3003 • Gillette, Wyoming 82717-3003
Phone (307) 686-5290
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I, _____, hereby state that I am the:

- Defendant
- Legal Guardian

Of the Defendant, _____, in the criminal case involving the City of Gillette vs. _____, and I hereby request copies of all reports and attachments related to such criminal action which is in the possession of the City of Gillette Attorney's Office.

Please be advised these requests are processed on a first come, first served basis. We will process your request and contact you at the number you provide below to advise you when the materials are ready for pick up. This process generally takes ten days to two weeks, depending on the number of requests the office has received. Failure to provide accurate and legible contact information will delay your receipt of these materials.

Signature

Address

Email Address

Telephone Number

Date

ATTORNEY AUTHORIZATION: _____

ACKNOWLEDGEMENT OF RECEIPT OF DISCOVERY

I hereby acknowledge that I have received copies of the above requested documents on _____.

Signature