

# Seabrook Police Department



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## DEFENDANT'S REQUEST FOR DISCOVERY

NAME: \_\_\_\_\_

COURT DATE: \_\_\_\_\_

CHARGE(S): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_

NOTE: ALL INFORMATION MUST BE COMPLETED OR YOUR REQUEST CANNOT BE FILLED.

IF THIS REQUEST IS NOT MADE PURSUANT TO AN ACTIVE CRIMINAL CASE YOU WILL BE CHARGED **\$10.00 PER PAGE**. YOU WILL BE CALLED AND ADVISED OF THE TOTAL NUMBER OF PAGES AND THE RESULTING AMOUNT DUE. ONLY UPON PAYMENT WILL THE REQUEST BE HONORED.

DEFENDANT'S SIGNATURE: \_\_\_\_\_