

REQUEST FOR DISCOVERY

Please select which type of discovery you are requesting:

Police Report/Crash Report/Officer Notes ONLY *Request completed **within 3 business days** of receipt by the Prosecution.

Full discovery (includes all digital evidence) *Request completed **within 7-10 business days** of receipt by the Prosecution.

Note: Discovery will only be provided to the defendant, parent/legal guardian of minor, or their attorney of record unless previously authorized.

Case Number: _____

Defendant's Name: _____

Parent/Legal Guardian Name (if minor): _____

E-Mail Address: _____

Phone Number: _____

Attorney's Name (if applicable): _____

Attorney's Email Address (if applicable): _____

I affirm that the information contained in these documents will not be used to solicit business for pecuniary (financial) gain.

Defendant / Parent/Legal Guardian / Attorney Signature Date

Completed Request must be returned to:

jgallagher@brightonco.gov or City of Brighton
City Attorney's Office
500 S. 4th Ave.
Brighton, CO 80601

I understand that if I believe the City Attorney's Office has relevant documents that are not provided to me in response to this request, I must file a motion with the Court.