



CITY ATTORNEY'S OFFICE
8101 Ralston Road
Arvada, CO 80001 -8101
Phone: 720 898-7180
Prosecution@Arvada.org

DISCOVERY REQUEST (MOTION)

"Discovery" means information about your case. By submitting this form and the appropriate fee, you are requesting discovery about your case. The City Attorney's Office will provide you with all discovery information within its possession and control.

Defendant's Name (Print):

Summons (Check one):
[] AM # _____
[] ET # _____
[] CE # _____

Defendant's DoB: ____/____/____

Type of violation (cash or personal check accepted):

Next court date: ____/____/____

- [] Traffic (Fee: \$2.00)
[] Non-traffic (Ordinance violation) (Fee: \$10.00)

Are you the (check one):

- [] Defendant;
[] Parent/Legal Guardian of Juvenile Defendant;
[] Attorney of Record; or
[] Other _____

Phone number(s) where you may be reached during the day:

If you are not the defendant, print your name:

Mailing address:

Preferred Method of Delivery (Check one):

- [] By email. My email address is:_____. Discovery from the City Attorney's Office will be emailed no earlier than one week from the date of this request and only if fee payment has been made; or
[] Pick up. Discovery will be available for pick up between 1-5 p.m. M-F at the City Attorney's Office (same building as the Municipal Court) no earlier than one week from the date of this request); or
[] By U.S. Mail. Discovery from the City Attorney's Office will be mailed no earlier than one week from the date of this request and only if fee payment has been made.

I understand that all "dispatch" records about my case are maintained by the Jefferson County Communications Authority (Jeffcom), located at 433 S. Allison Way, Lakewood, Colorado 80226. I understand I must request these records from Jeffcom in person or at jeffcom911.org.

Signature: _____

Date: ____/____/____