



Clawson Police Department

425 N Main St, Ste 2

Clawson, MI 48017

Phone (248) 435-5000 FAX (248) 435-4847

DISCOVERY REQUEST AUDIO/VIDEO TAPE ORDER FORM

*Defendant

*Charge

*Date of Incident

*Time of Incident

*Court Case No.

*Police Report No.

*Officer(s)(include backup officer (s) name/badge #if requesting their video) *Property Tag Numbers

** All areas of this form marked with an asterisk MUST be completed by the requesting attorney. If these areas are not completed, the request will not be filled until all required areas are completed.

I hereby request a copy of the following tapes. I have enclosed **\$50.00 per copy** of in-car camera recordings, and an **additional \$50.00 for communications or booking room recordings** (requested by Clawson PD from Troy PD) per copy (checks make payable to "City of Clawson").

_____ Arresting and/or Backup Officer's in-car camera recordings

_____ Communications(telephone, radio traffic, 911 calls)

_____ Other (i.e. Booking room)

I understand that there will be a **\$50.00 charge, per video, per copy**, collected in advance, as a minimum fee for research. I also understand that this incident may not be documented on all of the above tapes. I will pay the balance before the Police Department releases any copies. I have reviewed the fee schedule on the back of this form. **Both front and back of the form must be returned or request will be sent back.**

I hereby agree that the tape(s) will be used only to defend my client in this criminal action and will not be used for any other purpose. I will not copy, publish, or distribute any tape (s) without a court order. I agree to hold harmless and indemnify the City of Clawson for any damages incurred as a result of the copying, publishing or distribution of the tape (s).

Attorney Signature

Attorney Printed Name

Street address/city/zip

Phone Number

City or Prosecuting Attorney Approval

City of Prosecuting Attorney Approval