



CITY OF
LONE TREE
Discovery Request Form

Date _____ Name _____

☐ Defendant ☐ Defense Attorney

Address _____ Phone Number _____

_____ Alt Phone Number _____

Email _____

Case Number _____

Document(s) Requested:

Special Instructions _____

By signing this form, I hereby certify that I am the Defendant or the Attorney for the Defendant in the above referenced case.

Signature _____ Date _____

Internal use only:

Amount pre-paid:	Amount due:	ID Verified by:
------------------	-------------	-----------------