

REQUEST FOR  
PRO SE  
DEFENDANT DISCOVERY

Date:

Case Number:

Defendant's Name:

Defendant's Date of Birth:

Defendant's Driver's License Number:

Defendant's Mailing Address:

Defendant's Contact Phone Number:

Defendant's Signature:

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FOR INTERNAL USE ONLY

Number of Pages Given to Defendant:                  Pages:

Secretary Signature:

Was **CBI Printout** Included?

Yes

No

District Attorney Signature:

Okay to POAD?

Notes: