

REQUEST FOR VICTIM DISCOVERY
(Upon DA Approval)

Date:

Case Number:

Defendant's Name:

Victim's Name:

Victim's Driver's License Number:

Victim's Mailing Address:

Victim's Contact Phone Number:

Victim's Signature: _____

FOR INTERNAL USE ONLY

Number of Pages Given to Victim: Pages:

Secretary Signature:

Was **CBI Printout** Included?

Yes

No

District Attorney Signature:

Okay to POAD?

Notes: