

**City Attorney
County Attorney
Public Defender**

CITY OF BILLINGS

POLICE DEPARTMENT

P.O. Box 1554 Billings, MT 59103
 220 N 27th St. Billings, MT 59101
 (406) 237-6192 Fax (406) 657-3073
 evidence@ci.billings.mt.us

REQUEST FOR COPIES

BILLINGS POLICE DEPT CASE NUMBER: _____ DATE: _____
 DEFENDANT'S NAME: _____
 PERSON MAKING REQUEST: _____
 ADDRESS OR PHONE NUMBER: _____

DIGITAL 4 X 6 PHOTOGRAPHS: **Police personnel will call with # of photos and total cost**

AMOUNT	COST	TOTAL
_____ (1 to 5)	\$10.00	_____
_____ (6 to 10)	\$15.00	_____
\$1.25 per print above #10		_____

PHOTO CD/DVD: (\$10.00 each): # Copies _____ COST: _____
 VIDEO CD/DVD: (\$10.00 each): # Copies _____ COST: _____
 DUI VIDEO TAPE: (\$10.00 each): # Copies _____ COST: _____
 DUAL LAYER DVD: (\$15.00 each): # Copies _____ COST: _____
 FLASH DRIVE - 16GB (\$30.00 each): # Copies _____ COST: _____
 FLASH DRIVE - 32GB (\$45.00 each): # Copies _____ COST: _____
 OTHER: _____ # Copies _____ COST: _____
 TOTAL COST: _____

**ACKNOWLEDGMENT OF RECEIPT OF CONFIDENTIAL CRIMINAL JUSTICE INFORMATION
 UNDER MCA SEC. 44-5-303.**

(This information will only be provided to defendants in pending court actions, or attorneys who have been retained to represent a defendant in a pending court action.)

I acknowledge the information being provided to me is designated as "Confidential Criminal Justice Information" under MCA Secs. 44-5-103, 303. By accepting this information, I assume the responsibility of maintaining its confidentiality, and assume the responsibility to restricting any further dissemination of this information pursuant to MCA Sec. 44-5-303(3).

I certify, under penalty of law that: (Check One)

- I AM THE DEFENDANT** - I am presently charged with a crime in a pending court action that is the subject of this information request.
- I REPRESENT THE DEFENDANT** - I am either (a) attorney licensed to practice law in the State of Montana who has been retained to represent the defendant in this action, or (b) a duly authorized agent or employee of the attorney hired to represent the defendant in this action and I am obtaining this information solely for the use of that attorney in connection with his/her or his/her representation of the defendant.

SIGNATURE: _____ **DATE:** _____

OPD Case #: _____ Case Reference #: _____ PDO Name: _____