

**City Attorney
County Attorney
Public Defender**

CITY OF BILLINGS

POLICE DEPARTMENT

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(406) 237-6192 Fax (406) 247-8600
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REQUEST FOR COPIES

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

PHOTO CD/DVD: (\$35.00 each): COST: _____
VIDEO CD/DVD: (\$35.00 each): COST: _____
DUI VIDEO TAPE: (\$35.00 each): COST: _____
DUAL LAYER DVD: (\$45.00 each): COST: _____
FLASH DRIVE - 16GB (\$60.00 each): COST: _____
FLASH DRIVE - 32GB (\$75.00 each): COST: _____
FLASH DRIVE - 64GB (\$100.00 each): COST: _____
OTHER: _____ 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: _____