

**CRIMINAL**

# CITY OF BILLINGS

## POLICE DEPARTMENT

P.O. Box 1554 Billings, MT 59103  
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(406) 237-6192 Fax (406) 247-8600  
evidence@billingsmt.gov

### 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): 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: \_\_\_\_\_