<table>
<tr><td>**City Attorney
County Attorney
Public Defender**</td></tr>
</table>

CITY OF BILLINGS
POLICE DEPARTMENT
P.O. Box 1554   Billings, MT 59103
316 N 26th St- 4th Floor   Billings, MT 59101
(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 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 <u>only</u> 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: _____