

# Leawood Kansas Police Department



## Request for Discovery

Please print and complete entire form or email to [records@leawood.org](mailto:records@leawood.org)

Defendant Name: \_\_\_\_\_

Defendant Date of Birth: \_\_\_\_\_ Police Case Number or Ticket Number: \_\_\_\_\_

Name of Person Requesting Discovery: \_\_\_\_\_

Defendant  Attorney

I would like to pick up when available and may be contacted at phone # \_\_\_\_\_

**OR**

Mail Discovery to: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

(Failure to provide E-mail address may cause a delay in processing)

I request copies of:  Police Reports  Photos  Body Camera Video  In-car Video  
 Other (be specific) \_\_\_\_\_

### By signing this document, I hereby certify that:

- I am the Defendant or the Attorney for the Defendant in a pending case in the Leawood Municipal Court.
- I understand that the Police Department will e-mail me (if e-mail address is provided) the cost associated with this request.
- I understand payment must be received at the Police Department before my request is fulfilled.
- I understand that my request will be mailed to the address listed above or will be picked up in person.
- **(REQUIRED)** My next court date is scheduled on: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\* Submit this form in person, by email, by fax (913-642-2238) or by mail: Leawood Police Department, 4201 Town Center Dr., Leawood, KS 66211 \*\*\*

### OFFICIAL USE ONLY. DO NOT WRITE BELOW THIS LINE.

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Items Released: \_\_\_\_\_

Cost Notification: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Payment Received: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Method of Payment:  Cash  Check  Credit  Debit

Video Request Fulfilled By: \_\_\_\_\_ On \_\_\_\_\_

Discovery Mailed: \_\_\_\_\_ Picked Up: \_\_\_\_\_