

**OXFORD POLICE DEPARTMENT  
MISDEMEANOR DISCOVERY REQUEST**

Pursuant to Rule 17.10 of the Mississippi Rules of Criminal Procedure, the undersigned requests discovery and by this document certifies that she/he represents the within named defendant in the Municipal Court of Oxford, MS, on misdemeanor charges and has entered an appearance on behalf of said individual and has received from the Municipal Court Clerk a copy of the entire file and a court date as follows:

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

Case Number \_\_\_\_\_

Court Date \_\_\_\_\_

Offense as Charged \_\_\_\_\_

Date of Offense \_\_\_\_\_

**(ALL ABOVE FIELDS MUST BE COMPLETE TO BE PROCESSED)**

The information sought is referenced in the incident report, which has been filed with the Clerk of the Court. The items sought being in the nature of photographs, videos, (no determination as of this date has been made by the State if these said items, should they exist, will be offered into evidence as contemplated in the aforesaid rule, but made available by this procedure, in advance of that said determination) and the written statement of the defendant (if any) or other physical evidence. These items may be viewed at the Oxford Police Department between 8 am to 4 pm Monday through Friday by appointment with the evidence officer, without charge.

Copies of videos and photographs may be obtained with your agreement to pay the actual cost of duplicating the requested items (all prior to the State's determination if they will be used at trial). I understand that the actual cost per hour is \$28.00 per hour, and that all CDs will be \$1.00 each. Please be advised that the Oxford Police Department does not have access to the various cameras that may be placed around Oxford. Requests for that information should be directed to City Hall and the City Clerk's office.

Information will be available for pickup at OPD within 7 working days of request. Payment is due upon request for information (if copies are requested). All requests must be personally delivered to the Oxford Police Department during regular office hours. **DO NOT RETURN TO THE CLERK OF COURT.**

Select one \_\_\_ copy \_\_\_ view - Provide phone number for contact \_\_\_\_\_

Requested this the \_\_\_ day of \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
Printed Attorney Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
E-mail Address

Signature upon receipt or viewing:

\_\_\_\_\_ Date \_\_\_\_\_