



CITY OF LARAMIE
CITY ATTORNEY'S OFFICE
406 Iverson Avenue
P.O. Box C
Laramie, WY 82073
307-721-5321

Discovery Request

Name:	Date of Birth:
Address: _____ _____ _____	
Email:	Phone Number:
Charge(s): _____ _____ _____	
Citation Number (s):	
PD Case Number:	Incident Date:
<p>I understand that by requesting all relevant discovery, under W.R.Cr.P. 16, from the Laramie City Attorney's Office, I am asserting that all of the following statements are true and accurate:</p> <ol style="list-style-type: none">1. I am a defendant who has been issued a citation to appear in the Laramie Municipal Court based on information contained in the police report.2. I am not being represented by an attorney regarding the charge(s) filed against me.3. If I later obtain an attorney to represent me on my citation(s), I will not contact the City of Laramie Attorney's Office and will only act through my attorney.4. I understand that requesting discovery does not create an attorney-client relationship between the City of Laramie Attorney's Office and me and that I should have no expectations of this office other than those imposed by law.	
Signature: _____	Date: _____
City Attorney Office	
Identification: _____	
Request Received: _____	