

**Spokane County 911  
DISCOVERY REQUEST FOR RELEASE OF 911 RECORDING**

**PLEASE NOTE:** This request is made pursuant to the criminal rules for Discovery in a criminal proceeding. (CrR 4.7 and CrRLJ 4.7). In adherence with the retention schedule GS 50-29-01 as set by the Washington State archivist, master recordings of 911 calls will be kept for ninety days from the date of incident.

**Requestor must claim the recording within thirty (30) days of notification to him/her that the recording was available. If the requestor or a representative of the requestor fails to claim the recording within the thirty (30) day period or make other arrangements, Spokane County 911 will close the request and re-file the assembled record.**

**FEE:** The fee for a discovery release is \$17.00. All Recordings are made on CD. Do not enclose payment. Payment will be required at the time of pick up. Please make checks out to "Spokane County 911." **Cash is only accepted if exact change is provided.** We are unable to accept payment by credit card.

REQUEST TYPE: (Please check one.)

- DOMESTIC VIOLENCE - (City / County Prosecutor's Office #835-4500)  
 MUNICIPAL COURT – Other than Domestic Violence – (City Prosecutor's Office # 835-5988)  
 DISTRICT/SUPERIOR COURT – Other than Domestic Violence – (County Prosecutor's Discovery Unit # 477-6323)

REQUEST DATE: \_\_\_\_\_

**REQUESTING PARTY INFORMATION**

\_\_\_\_\_  
Name (Please Print) Telephone Date of Public Defender Appointment  
\_\_\_\_\_  
Agency / Organization / Firm Date Notice of Appearance if Represented by a Private Attorney  
\_\_\_\_\_  
Address Signature – I certify that I am the appointed public defender/attorney of record for this case.

**DEFENDANT / INCIDENT INFORMATION**

\_\_\_\_\_  
Last Name (Defendant) First Name (Defendant) MI  
Date of Birth \_\_\_\_\_ Police Report Number (CAD Incident Number, NOT Court Case #) \_\_\_\_\_  
Incident Date \_\_\_\_\_ Incident Time \_\_\_\_\_ Incident Type \_\_\_\_\_  
Incident Location \_\_\_\_\_

**TO BE FILLED OUT BY 911 STAFF ONLY  
911 REQUEST COMPLETION AND ACKNOWLEDGEMENT OF RECEIPT**

\_\_\_\_\_  
Date Requested Material Duplicated 911 Employee Name (Please Print)  
Material Saved to Shared File: Yes  No   
\_\_\_\_\_  
Date Requested Material Received Requestor Signature Acknowledging Receipt of Material

**Requested Material is not releasable for the following reason:**  
 The record does not exist  Beyond 90 day retention - The record is no longer available.  
 Witness/ Victim Protection  Effective Law Enforcement  Violates Right to Privacy  
 Other