

INFRACTIONS INFORMATION REQUEST

Infraction rule 3.1(b) requires that a “**written demand**” for discovery be “**served on the office of prosecuting authority**” and “**filed with the court.**” This demand must be served “at least **fourteen days** before a contested hearing” in order to be a valid request.

1. Mail or drop off your written demand for discovery:

Seattle City Attorney’s Office
Attn: Infraction Project
701 Fifth Avenue, Suite 2050
Seattle, WA 98104-7097

Include the following **MANDATORY** information:

- **Full name** as listed on the citation.
- **Citation number** and **Date of violation**.
- **Telephone number**.
- Your **address** and **email address**

2. Also file a copy of your request with :

Discovery Request File Copies

Seattle Municipal Court
P.O. Box 34987
Seattle, WA 98124-4987
smc-records@seattle.gov

- 3.** If it is not acceptable to receive your discovery by email, it will be your responsibility to provide a **self addressed stamped envelope** or be prepared to receive your discovery at the office of the City Attorney.
- 4.** If your notice of infraction indicates that a video was made of the incident, you may obtain a copy of the video by sending a written request for a copy to the Seattle Police Department Legal Unit, P.O. Box 34986, Seattle, WA 98124-4986. Such requests can also be made via fax to the Seattle Police Department Legal Unit at 206-386-9022 or dropped off at Seattle Police Department Headquarters at 610 Fifth Ave., Seattle, WA 98124-4986.

DEFENDANT PRO SE INFRACTION DISCOVERY REQUEST

Your Name:	<input type="text" value="Your Name (Arial:10)"/>	Citation Number(s):	<input type="text" value="Citation1 (Arial:10)"/>
Telephone Number:	<input type="text" value="Telephone (Arial:10)"/>		<input type="text" value="Citation2 (Arial:10)"/>
Date of Violation:	<input type="text" value="Date of Violation (Arial:10)"/>		<input type="text" value="Citation3 (Arial:10)"/>
Email Address:	<input type="text" value="Email Address (Arial:10)"/>		<input type="text" value="Citation4 (Arial:10)"/>
Address:	<input type="text" value="Address1 (Arial:10)"/>		
	<input type="text" value="Address2 (Arial:10)"/>		

I will receive my discovery in the following manner (select one):



I am providing a self addressed stamped envelope.



I will receive my discovery via email.



I will return and receive my discovery in person when contacted to do so. I agree that the date of contact by the City will constitute the date of receipt. I understand that discovery pick-up is available only at Columbia Center 20th floor office.

Defendant Signature: _____ **Date:** _____

(Please print legibly to facilitate your request as quickly as possible.)