

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, E-mail, or drop off your written demand for discovery:

Seattle City Attorney’s Office
Attn: Infractions Unit
701 Fifth Ave., #2050
Seattle, WA 98104-7097
Law_CityAttorney_Crim_NOA@seattle.gov

Include the following **MANDATORY** information:

1. **Full name** as listed on the citation.
2. **Citation number** and **Date of violation.**
3. **Telephone number.**
4. Your **address** and **email address**

2. Also file a copy of your request with Seattle Municipal Court:

Seattle Municipal Court
Discovery Request File Copies
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 Seattle City Attorney’s Office.
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 via mail, fax or drop off:
Seattle Police Department – Legal Unit
Mailing address: P.O. Box 34986, Seattle, WA 98124-4986
Fax number: 206-386-9022
Drop off at Headquarters: 610 Fifth Ave., Seattle, WA 98124-4986

DEFENDANT PRO SE INFRACTION DISCOVERY REQUEST

Your Name: _____ Citation Number(s): _____
Telephone Number: _____
Date of Violation: _____
Email Address: _____
Address: _____

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 701 5TH Avenue, Suite 2050.

Defendant Signature: _____ **Date:** _____

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