

# Mount Olive Township Police Department

Records Bureau (973) 691-0850 x 7507 or x7508

MOPD Case #: \_\_\_\_\_

## Request for Police Records (Discovery)

Type of Report Requested:

\_\_\_ Crime

\_\_\_ Arrest

\_\_\_ Investigation

\_\_\_ Traffic Accident

\_\_\_ Traffic Summon #s:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_

Work Phone #: ( ) \_\_\_\_\_

Your connection to case (circle one): \_\_\_\_\_

Victim Witness Suspect Defendant

Attorney Firm: \_\_\_\_\_

Other (please explain) : \_\_\_\_\_

.....

Date, Time, Location & Description of Incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Discovery Requests (Defendants: Court Rule R. 3:13-3 and 7:4-2):

Under the Rules of Court, as a defendant, representing myself, I hereby request discovery in the matter cited above. I understand that arrest and criminal investigation records must be reviewed for accuracy and confidentiality prior to release. I understand that this may cause a delay in my receiving the requested information. I understand and agree to pay the applicable fee to cover the cost of reproduction. I also understand that discovery is RECIPROCAL and that I must provide copies of all documents, statements and other materials that I plan to present at trial.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attorneys:** Please use your firm's standard Discovery Letter to enter your appearance and make specific requests for records. Do not use this form.

### Other Requests:

I hereby request that I be provided copies of the reports or information indicated above. I affirm that I am not legally prohibited from obtaining or viewing the requested information. I have never been convicted of an indictable offense in this or any other state. I understand and agree to pay the applicable fee to cover the cost of reproduction.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Review and processing may take up to 7 business days. Please contact the Records Bureau during this time to check on the status of your request.**

I have received the requested record/information:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Records Use:

Fee Paid: \_\_\_\_\_

ID:

NJ DL#: \_\_\_\_\_

Other ID: \_\_\_\_\_

Date Completed: / /

Completed by: \_\_\_\_\_