

# INVESTIGATOR REQUEST FORM

**Client Name:**

**File Number:**

**Defense Attorney:**

**Offense Date:**

**Prosecutor:**

**Date of Request:**

**Next Court Date:**

**Trial Date:**

**Due Date:**

**Client in custody?** [ ] Yes [ ] No

<b>Location of Client / Contact Info:</b>	
<b>Charges:</b>	
<b>What the Prosecution Alleges:</b>	
<b>What the Client Says:</b>	
<b>Possible Defense Theory</b>	

## Investigation Required:

- |  |   |
|--|---|
| <input type="checkbox"/> Interview Defendant               | <input type="checkbox"/> Subpoena Records                 |
| <input type="checkbox"/> Interview Witnesses (see details) | <input type="checkbox"/> Surveillance Video               |
| <input type="checkbox"/> Background Check                  | <input type="checkbox"/> Registration Check/DMV           |
| <input type="checkbox"/> Obtain Police Photos              | <input type="checkbox"/> Serve Witness Subpoenas          |
| <input type="checkbox"/> Take Photos                       | <input type="checkbox"/> Order 9-1-1 Tape (90 day window) |
| <input type="checkbox"/> Examine Crime Scene               | <input type="checkbox"/> CAD Report                       |
| <input type="checkbox"/> Prepare Charts/Maps/Diagrams      | <input type="checkbox"/> Other                            |

## Detailed Instructions:

