



**CITY OF LARAMIE**  
**CITY ATTORNEY'S OFFICE**  
attorney@cityoflaramie.org  
406 Ivinson Avenue / P.O. Box C  
Laramie, WY 82073  
307-721-5321

### Discovery Report Request

<b>Name:</b>	<b>Date of Birth:</b>
<b>Address:</b> _____ _____	
<b>Email:</b>	<b>Phone Number:</b>
<b>Charge(s):</b> _____ _____	
<b>Citation Number (s):</b> _____ _____	
<b>PD Case Number:</b>	<b>Incident Date:</b>
<p>I understand that by requesting all relevant discovery, under W.R.Cr.P. 16, from the Laramie City Attorney's Office, I am asserting that all of the following statements are true and accurate:</p> <ol style="list-style-type: none"><li><b>1. I am the defendant who has been issued a citation to appear in the Laramie Municipal Court.</b></li><li>2. I am not being represented by an attorney regarding the charge(s) filed against me.</li><li>3. If I later obtain an attorney to represent me on my citation(s), I will not contact the City of Laramie Attorney's Office and will only act through my attorney.</li><li>4. I understand that requesting discovery does not create an attorney-client relationship between the City of Laramie Attorney's Office and me and that I should have no expectations of this office other than those imposed by law.</li></ol>	
<b>Defendant's Signature:</b> _____	<b>Date:</b> _____
<b>City Attorney Office</b>	
<b>Request Received:</b> _____	