

JACKSON COUNTY ATTORNEY'S OFFICE SECOND JUDICIAL DISTRICT OF KANSAS

Bethany Lee, County Attorney

TO: JACKSON COUNTY ATTORNEY'S OFFICE, 2ND JUDICIAL DISTRICT
**REQUEST FOR DISCOVERY AND INSPECTION WITH RECIPROCAL DISCOVERY
AGREEMENT**
(Effective September 1, 2025)

DATE: _____

STATE v. _____

CASE #: _____

Defense Attorney: _____

Address: _____

Phone: _____ **Email:** _____

[] RETAINED [] APPOINTED

By making this discovery request, I agree and acknowledge that:

1. I have been retained to represent the Defendant in the above-listed case.
2. Supplemental reports will often come in at a later date. I will continue to check with the prosecutor as to the existence of additional reports.
3. I agree to provide to the County Attorney's Office and/or to produce for inspection and copying all scientific or medical reports, books, papers, documents, audio tapes, video tapes and/or tangible objects intended to be offered at trial no later than twenty (20) business days following arraignment or within five (5) business days of receipt of same following arraignment, whichever comes first. If not obtained until more than twenty (20) business days after arraignment, I agree to provide same within five (5) business days. Any continuance because of defense failure to provide discovery shall be chargeable to defendant for speedy trial purposes.
4. I will not share with or disclose to the Defendant or any other persons not agents of the undersigned attorney any personal information (address, phone number, SSN, date of birth, etc.) of any victim or witness contained in the reports. I understand this information is in the State's file.
5. I will not give, loan or reproduce any audio and/or video tapes, CDs or DVDs for/to any other person, except authorized agents/employees of the undersigned counsel or experts retained in this matter. However, if new counsel is appointed or retained in the matter, any materials may be provided to subsequent counsel.

SIGNED: _____

Attorney No. _____

FOR COUNTY ATTORNEY'S OFFICE USE ONLY:

Date request received: _____

Asst's Initials: _____