



**John D. Wentworth, Clackamas County District Attorney**

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**Request for Disposition**

**Applicant Information**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Fax (if available): \_\_\_\_\_

**Arrest Date / Court Case**

*Please provide the following relevant information:*

DA File #: \_\_\_\_\_ Incident Date: \_\_\_\_\_

Court Case: **CR** \_\_\_\_\_

Charge(s): \_\_\_\_\_

\_\_\_\_\_

**Preferred Method of Delivery**

**Land Mail**       **Email**       **Fax**       **Pick Up**

**Applicant's Signature**

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

**OFFICIAL USE ONLY**

Date of Delivery \_\_\_\_\_ Method \_\_\_\_\_ Initials \_\_\_\_\_