



John D. Wentworth, Clackamas County District Attorney

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Request for Disposition

Email completed form to DADispositionRequest@clackamas.us

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 _____