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ELECTRONIC DISCOVERY REQUEST FORM

Email Request to: CCDADISCOVERY@clackamas.us

Today's Date: _____

Please select one, if applicable:

Family Support Juvenile

Attorney Name: _____

New Email Address

Attorney Bar #: _____

Court Appointed

Attorney Email: _____

Retained

Attorney Phone: _____

Defendant Last Name) _____

Defendant First Name _____

Defendant Middle Name _____

DA Case # (OCA): _____

**** ONE CASE # PER REQUEST ****

Court Case # (OCC): _____

Special Instructions:

REDISCOVERY REQUESTS

Discovery A

Discovery B

Other:

Rediscovery Reason: (Example: Links expired, file corrupted, cannot download, etc)

Requested by: _____