Document Request: Non-Discovery

This office fully embraces the following tenet:

A fundamental philosophy of the American constitutional form of representative government is that government is the servant of the people and not their master. Accordingly, it is the public policy of the State that all persons are entitled to full and complete information regarding the affairs of government and the official acts of those who represent them as public officials and employees. Providing persons with the information is an essential function of a representative government and an integral part of the routine duties of public officials and employees, whose duty it is to provide the information. I.C. § 5-14-3-1

The Hamilton County Prosecuting Attorney's Office is a law enforcement agency charged with the responsibility of representing the State of Indiana in all infraction, misdemeanor, and felony cases alleged to have occurred within Hamilton County, Indiana. While the sole loyalty of this office is to the State of Indiana, this office also has the responsibility of protecting the victims of crime and safeguarding victims' rights. This office recognizes the competing interests involved in the public's right to access information maintained by law enforcement agencies, e.g., the people's right to know, the privacy of victims, the safety of the community and its law enforcement officials. These competing interests must all be part of this office's decision making process when considering requests for documents. This office will review each request for documents in this context and, where required or at its discretion, will comply with each request pursuant to the applicable sections of I.C. § 5-14-3.

- Read all instructions carefully and answer all questions thoroughly and honestly.
- This form MUST be filled out LEGIBLY Please print or type.
- Multiple document requests require submission of multiple forms.
- When submitted, this form must be accompanied by all additional documentation, identification, postage and payments as required.

□ MR. □ MRS. □ MS.	First Name:	Middle Initial:	Last Name:	
Date of Birth: (optional)				
Street Address:				
City:		State:	Zip Code:	

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Evening Phone: () - Best time of day to reach you: AM	PM	
Best time of day to reach you:	PM	
Place of Employment: (optional)		
 Are you currently a defendant in a criminal case pending in this office? **If you are a defendant and are seeking documents relevant to your case, do not fill out this form. Your attorney will receive discovery from this office which will contain all pertinent documents. 	YES	□ NO
2. Are you currently a victim in a criminal case pending in this office? **If you are a victim and are seeking documents relevant to your case, you do not need to fill out this form. You may contact our Victim's Assistance Coordinator to obtain the information you need. □	YES	□ NO
3. Are you requesting this document for academic research purposes? □	YES	□ NO
4. Are you requesting this document as a member of the press/media? □	YES	□ NO
5. Does this request pertain to a pending criminal case (in which you are neither the defendant nor the victim)? □	YES	□NO
5a. Defendant's Name:		
Cause Number:		
5b. How are you related to the aforementioned case?		

	6. Please list the title of the document you are requesting.** If you do not know the exact title of the requested document, describe what you are seeking with as much detail as possible. You should attach additional paper if necessary to thoroughly describe the document you are requesting. (Please note, multiple document requests require you to submit a separate completed Form 451495-D for each requested document.)
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** Please note that some types of records are excepted from disclosure and "may not be disclosed by a public agency, unless access is specifically required by a state or federal statute or is ordered by a court under the rules of discovery." I.C. § 5-14-3-4. Some records shall be excepted from disclosure at the discretion of the public agency. *See id.* Records that might not be provided include, but are not limited to:

- Any records declared confidential by state statute, agency rules, rules adopted by the Supreme Court of Indiana, or federal law.
- Any records concerning investigatory records.
- Any photograph or recording of an autopsy.
- Any social security number.
- The work product of an attorney.
- Any intra- or inter-agency advisory or deliberative material.
- Any diary, journal, or personal notes.
- Any personnel files for the employees of this office.
- Administrative or technical information pertaining to the record keeping of this office.
- Any information relating to the computer programs, codes, or filing systems used.
- Any records pertaining to any agency outside of this office.
- Any confidential public record received by this office from any other public agency.

Are	you requesting this document for	any of the following reasons?		
7.	To use the information for commerce	cial purposes.	□ YES	□NO
8.	To sell, advertise, or otherwise solic public agency or any other list of na request.	ž •	□ YES	□NO
9.	To sell, loan, give away, or otherwise other person to be used for commerce	•	□ YES	□NO
10.	. To use the information in a manner	contrary to any rule or ordinance.	□ YES	□NO
this office might not be able to grant a request for any of the documents/items listed above. ***********************************				
I,				
Da	te: Sig	gnature:		
	Pri	nted Name:		

Please mail or deliver this completed form to:

Hamilton County Prosecuting Attorney's Office One Hamilton County Square, Suite 134 Noblesville, IN 46060

Please include the following with the submission of this form:

- 1. A photocopy of your driver's license (or any other applicable photo-identification as requested in the body of this form) (optional)
- 2. A Self-Addressed Stamped Envelope with enough postage affixed to cover the weight of the document you are requesting (refer to the chart below please note that you must use a First-Class Mail Large Envelopes (Flats) rather than a standard business envelope.)

Price	Number of pages + envelope	
\$0.88	Approximately 4 pages +envelope	
\$1.05	Approximately 8 pages +envelope	
\$1.22	Approximately 12 pages +envelope	
\$1.39	Approximately 16 pages +envelope	
\$1.56	Approximately 20 pages +envelope	
\$1.56 + (\$0.0425 per page over 20 pages)		

3. Appropriate payment to cover the copy fee for the document you are requesting. Copies are ten (10) cents per page. This fee can only be paid by money order. NO PERSONAL CHECKS ARE ACCEPTED.

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For Office Use Only:			
Date Received (stamp):	Accept	By:	
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	If denying, on what grounds?		
	Date denial letter sent:	By:	
	If accepting, which document sent (title and computer file location):		
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	Date Document sent:	By:	