OXFORD POLICE DEPARTMENT MISDEMEANOR DISCOVERY REQUEST

Pursuant to Rule 17.10 of the Mississippi Rules of Criminal Procedure, the undersigned requests discovery and by this document certifies that she/he represents the within named defendant in the Municipal Court of Oxford, MS, on misdemeanor charges and has entered an appearance on behalf of said individual and has received from the Municipal Court Clerk a copy of the entire file and a court date as follows:

	Defendant Name:			
	Case Number:			
	Court Date:			
	Offense as Charged:			
	Date of Offense:			
	(ALL ABOVE FIEL	OS MUST BE COMF	PLETE TO BE PROCESSED)	
*If yo	ou are proceeding Pro Se (Representing Your	elf), Please contact the	e Oxford Municipal Court before completi	ng this form.
The in	formation sought is referenced in the incide	nt report, which has be	en filed with the Clerk of the Court. The ite	ems sought being
n the	nature of photographs, videos, (no determi	nation as of this date h	as been made by the State if these said it	ems, should they
exist,	will be offered into evidence as contemplat	ed in the aforesaid rule	e, but made available by this procedure, i	n advance of the
said c	determination) and the written statement of	he defendant (if any)	or other physical evidence. These items m	ay be viewed at
the O	xford Police Department, by appointment, v	ith the evidence custo	odian, without charge. Appointments can	be made via
email	(Shernandez@oxfordpolice.net) or phone (62-232-2400).		
Copie	es of videos and photographs may be obtain	ned with your agreeme	ent to pay the actual cost of duplicating t	he requested
tems	(all prior to the State's determination if they	will be used at trial). I ut	nderstand that the actual cost is \$29.00 pe	er case. Please be
advise	ed that the Oxford Police Department does r	ot have access to the	various cameras that may be placed arc	ound Oxford.
Requ	ests for that information should be directed t	o City Hall and the City	Clerk's office.	
nforn	nation will be delivered via email within 7 wo	rking days of request. F	Payment is due upon request for information	on and can be
sent v	ria mail or hand delivered to the Oxford Polic	e Department during re	egular office hours. DO NOT RETURN TO THE	CLERK OF COURT.
	Select one copy view - Provide pl	none number for cor	itact	
	Requested this the day of	, 20		
	Requested this the day of	, 20		
Printe	ed Attorney Name Signature Signat	ıre	Email Address	
	, constant	<i>,</i> •		
Siana	ature upon receipt or viewing:		Date	