

# CASCADE COUNTY

*State of Montana*

Telephone: (406) 454-6915 Criminal Department

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## LAW ENFORCEMENT REPORTS

Under the Montana Criminal Justice Information Act, the Cascade County Attorney's Office may authorize the release of the initial investigative report of law enforcement officials from the Cascade County Sheriff's Office, the Montana Highway Patrol, Fish Wildlife and Parks, and felony reports from the Great Falls Police Department. If you are requesting a misdemeanor or traffic report from the Great Falls Police Department, please contact the Great Falls City Attorney's Office. If the Cascade County Attorney's Office denies the request you may file a petition with the district court pursuant to Sections 44-5-302 and 303, MCA.

## REQUEST FORM

I am authorized to legally request and hereby request copies of the following selected item or items regarding law enforcement investigative report number \_\_\_\_\_.

**Pursuant to Cascade County Resolution 06-43, upon making the request I must pay a \$15.00 non-refundable administrative fee for the cost of searching for the requested item or items. I understand I will not be refunded the administrative fee, if after such search, it is determined an item does not exist or if I am not legally entitled to receive the requested documentation.** If an item is designated as confidential criminal justice information pursuant to Montana Code Annotated 44-5-103, or contains private information, I may not receive the item, or the item may be redacted, to remove confidential or private information. I understand the Cascade County Attorney's Office will process the request as expeditiously as possible and (except for requests made by a criminal defendant with an active case pending) **it may take 30 days or more for my request to be filled.** I understand that I may submit my request without payment, but I will not be able to receive my report without payment by a cashier's check or money order in the amount of \$15.00.

CENTER OF MONTANA'S LIVESTOCK AND FARMING AREAS

Cashier's Check or Money Orders are the only acceptable forms of payment.

**NO CASH OR PERSONAL CHECKS**

I am requesting this information for the following reason(s):

- I am a criminal defendant, I am representing myself, and I am requesting discovery pursuant to Montana Code Annotated \*46-15-322, for Case No. \_\_\_\_\_ ;
- I am the victim
- Civil purposes
- Other: \_\_\_\_\_

Please mark for each item requested:

- Primary Narrative (initial report)
- Detailed case report
- Police Officer's Narrative
- State Accident Form
- Citation Note
- Driving Record (available only to criminal defendants)
- Coroner's Report/Autopsy
- Toxicology Screen
- Other: \_\_\_\_\_

SECTIONS MARKED WITH \* ARE REQUIRED

You do not need to know the report number or officer's name, etc. for the report to be found, but please be as specific as possible.

<u>Report No.</u>	<u>Reporting Agency (CCSO, GFPD, MHP, etc.):</u>
<u>Incident Date:</u>	<u>Incident Address:</u>
<u>Primary Officer Name:</u>	
<u>*Party Named in Report (victim/perpetrator, client, etc.):</u>	
<u>*Requestor's Name and/or Organization:</u>	

\*Requestor's Mailing Address:

\*Requestor's Phone Number (work, home, cell, etc.)

By signing this document, I confirm that I understand and consent to the terms and conditions listed above.

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

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

NOTARY SEAL

\_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_

Release Approved By (please print your name and sign with a signature):

\_\_\_\_\_  
Cascade County Deputy Attorney

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