

CASCADE COUNTY ATTORNEY'S OFFICE

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 your 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 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 report, or the report 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, but **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.

Business or Cashier's Checks and Money Orders are the only acceptable forms of payment.

NO CASH, PERSONAL CHECKS, OR CREDIT/DEBIT CARDS

I am requesting this information for the following reason:

- 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 named in the report and for Case No. _____
- I am requesting for a civil purpose
- Other as described below:

_____.

REPORT NUMBER:	
<u>Report Number:</u>	<u>Reporting Agency:</u>
<u>Incident Date:</u>	<u>Incident Address:</u>
<u>Primary Officer:</u>	
<u>Parties Named in Report:</u>	
<u>Requestor's Name and/or Organization:</u>	
<u>Requestor's Mailing Address:</u>	
<u>Requestor's Phone Number:</u>	

By signing this document, I confirm that I have read it fully and that I understand and consent to the terms and conditions listed above and that my identity is true and correct.

Requestor's Signature:

SUBSCRIBED AND SWORN before me this ____ day of _____, 20____

NOTARY SEAL

Notary Public for the State of Montana

Release: Approved

Approved with Redactions

Denied _____

By: _____

Job Title: _____

Date: _____