

INFRACTIONS INFORMATION REQUEST

Infraction rule 3.1(b) requires that a “**written demand**” for discovery be “**served on the office of prosecuting authority**” and “**filed with the court.**” This demand must be served “at least **fourteen days** before a contested hearing” in order to be a valid request.

1. Mail or drop off your written demand for discovery:

Seattle City Attorney’s Office
Attn: Infraction Project
701 Fifth Ave., #2050
Seattle, WA 98104-7097

Include the following **MANDATORY** information:

- **Full name** as listed on the citation.
- **Citation number** and **Date of violation.**
- **Telephone number.**
- Your **address** and **email address**

2. Also file a copy of your request with :

Discovery Request File Copies

Seattle Municipal Court
P.O. Box 34987
Seattle, WA 98124-4987
smc-records@seattle.gov

3. If it is not acceptable to receive your discovery by email, it will be your responsibility to provide a **self addressed stamped envelope** or be prepared to receive your discovery at the office of the City Attorney.
4. If your notice of infraction indicates that a video was made of the incident, you may obtain a copy of the video by sending a written request for a copy to the Seattle Police Department Legal Unit, P.O. Box 34986, Seattle, WA 98124-4986. Such requests can also be made via fax to the Seattle Police Department Legal Unit at 206-386-9022 or dropped off at Seattle Police Department Headquarters at 610 Fifth Ave., Seattle, WA 98124-4986.

DEFENDANT PRO SE INFRACTION DISCOVERY REQUEST

Your Name: _____ Citation Number(s): _____

Telephone Number: _____

Date of Violation: _____

Email Address: _____

Address: _____

I will receive my discovery in the following manner (select one):

- I am providing a self addressed stamped envelope.
- I will receive my discovery via email.
- I will return and receive my discovery in person when contacted to do so. I agree that the date of contact by the City will constitute the date of receipt. I understand that discovery pick-up is available only at 701 5TH Avenue, Suite 2050.

Defendant Signature: _____ **Date:** _____

(Please print legibly to facilitate your request as quickly as possible.)