

IN THE _____ JUDICIAL DISTRICT
DISTRICT COURT OF _____ COUNTY, KANSAS

THE STATE OF KANSAS

vs.

_____ [Name]

Defendant
[If Available]

Case No. _____
[If Available]

REQUEST FOR DISCLOSURE OF AN AFFIDAVIT OR SWORN TESTIMONY

Pursuant to K.S.A. 22-2302 or 22-2502.

I respectfully request of the Court a copy of the affidavit or sworn testimony in support of the warrant or summons issued on _____ [Date] regarding

_____[Name of Subject of Warrant or Summons].

Submitted by:

Petitioner or Petitioner's Attorney

Name(Print): _____

[Supreme Court Number]: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Telephone: _____

[Fax Number]: _____

[E-mail Address]: _____

CERTIFICATE OF SERVICE

[To be completed by the court.]

I certify that I have served a true and correct copy of this request in the following manner:

(1) Personal Service. By delivering a copy of the request to each of the following persons on the dates indicated:

_____, _____,

_____, _____,
(Name) (Date)

(2) Mail Service. By mailing on the ____ day of _____, _____, a copy of this request by first class mail to each of the following persons at the following addresses:

(3) Telefacsimile communication. By faxing on the ____ day of _____, _____, at ____ o'clock __.m., a copy of this request to the following persons: _____

Number of transmitting machine: _____

Number of receiving machine: _____

(4) Internet electronic mail. By e-mailing on the ____ day of _____, _____, at ____ o'clock __.m., a copy of the request to the following persons at the following e-mail addresses:

Transmitting person's e-mail address: _____

EXECUTED on _____, _____.

Signature
Deputy Clerk or Clerk of the Court