

J & D COURT JUVENILE RELEASE – PRO SE

COMMONWEALTH OF VIRGINIA,

Police Officer Name: _____

v.

Arrest Date: _____

Arrest Time: _____

J&DR Case #: _____

_____, Defendant. DOB: _____

Charge(s): _____

Electronic Discovery Requesting:

Videos: Body Worn Camera: _____ InCar/DashCam: _____ Digitized Documents: _____

***Check-off Required**

I, _____, acting as Pro Se counsel for myself, (or the authorized agent of counsel for such Juvenile defendant) hereby acknowledge acceptance of the terms of Electronic Discovery with the Lynchburg Commonwealth's Attorney Office. **I agree that prior to requesting or receiving Electronic Discovery, I must file a Motion for Discovery and/or have a Discovery Order entered according to the Virginia Supreme Court Rule for the applicable court and procedural posture of the case. This Motion must be filed in a reasonable period to allow the necessary amount of time to fulfill such request prior to the next scheduled Court hearing date.**

In some cases, it may be necessary to redact some materials requested, through either visual and/or auditory means, due to the presence of personal identifying information, sensitive conversations or visualizations that are not pertinent to the case, (nor contain any exculpatory evidence), that may impact, affect or jeopardize the safety, security or privacy of victims, witnesses, or others, as well as possessions or property. Any redaction performed, does not affect the "Original" footage, which is maintained without redaction, and is available by seeking disclosure through a Court Order.

Although the Commonwealth is required to allow me to inspect exculpatory evidence, I agree that, with the exception of those materials described in Rule 8:15(b), the Commonwealth is not required to provide me with copies of any evidentiary materials or to allow me to copy any evidentiary materials.

In consideration of the Commonwealth providing me with access to the evidentiary materials, other than those described in Rule 8:15(b), I agree that, I will complete and sign this request form and I shall deliver the signed, original form, along with a valid ID, to the "Office of the Commonwealth's Attorney, 901 Church St Lynchburg, VA 24504". I realize that I will need to make an appointment, in writing, to review such BWC footage and that the Commonwealth Attorney's Office reserves the right to have an Office representative present as the BWC is being reviewed. I understand that while I have the right to take notes on the content of the BWC footage, I am restricted from recording such audio and/or visual footage in any fashion. Any copies required for submission as evidence to the Court, will be made by the Commonwealth Attorney's Office. The Commonwealth Attorney's Office will retain possession of such digital copied materials until submission of such materials to the Court, at which time I will provide a computer to play the DVD provided to me at trial, in part or in whole.

I understand that, although I may review my criminal and DMV records in the Commonwealth's Attorney's office, the Commonwealth Attorney is prohibited from giving me these records absent a specific court order.

I understand that certain discovery materials may be particularly sensitive, and that the Commonwealth is providing me access to materials other than those described in Rule 8:15(b) for my convenience. My failure to provide the information requested, or follow the procedures outlined above, shall result in the denial of my request to view the BWC footage.

OCA BWC USE ONLY:
DATE RECEIVED: _____
DATE BWC Available: _____
Videos: _____ Court: _____
Prosecutor: _____ Sent: _____
PO _____
Entered Omni: _____
E Drive: _____ Reviewed: _____
Search Range: _____
BY: _____

Dated: _____

Signed: _____

Defendant

Contact Phone #: _____

All blank spaces above **MUST be filled in by the Defendant with the proper information in order to process any request**