

DISCOVERY REQUEST FORM Clerk's Office – City of Todd Mission Municipal Court

Citation Number:	Violation:	
Defendant's Name:	Phone:	Email Address:
Defendant's Address:	City:	State/Zip:
Defense Attorney Name:	Phone:	Email Address:
This Discovery Request Form may be submitted by em 1774, Plantersville, Texas 77363. For questions regardourt. If you are requesting a copy submited by em 1700 and provided the State to produce evidence (i.e. di Article 39.14.	IMPORTANT y of the video of your t a blank DVD to the EMS SUBJECT TO DISCOVER scovery) that is in the possession or cu	nailed to the Todd Mission Municipal Court, 21718 FM quest, you must put it in writing and emailed to the ralleged offense, you must Court.
7.0		ROVIDED TO THE DEFENDANT
1. Item:		
Defendant's/Counsel's Signature:		
Court Clerk's Signature:		_ Date: