| KARPEL#: | | | |
|---|--|----------------------|-----------------|
| Open File Di | scovery Agreement Court date: | | |
| The parties agree as f | Collows: | | |
| The Defendant: | | is 1 | represented by |
| The Attorney: | | | in |
| | | | |
| Officer: | District Court | | |
| with: | WCPD MCPD MPPD TDPD THPD TOPE | TQPD US | P |
| The police report num | ber is: the charge is | a□ felony□ misdem | eanor both |
| The following inform convenience prior to | ation shall be provided to the Attorney named above by the Comr the upcoming court date if said information is available: | nonwealth's Attorney | at her earliest |
| *REDACTED AS NEEDED | DESCRIPTION | DATE PROVIDED | # OF ITEMS |
| POLICE REPORTS | | | |
| WRITTEN STATEMENTS (DEF/VIC/WIT) | | | |
| OTHER DISCOVERY ITEMS | | | |
| EVIDENCE.COM LINK FOR BWC FOOTAGE | | | |
| DEFENDANT'S CCH AND/OR DMV | Hard copy available for pick up at the CA's Office, if one exists. | | |
| The Attorney directs EMAIL: | that the above information be transmitted via encrypted email to | this address(es): | |
| | | | |

The parties agree that by providing the above material, the Commonwealth has complied with all requirements under Rule 7C:5 and/or Rule 8:15 of the Rules of the Supreme Court of Virginia and the Attorney shall not seek an additional order or response from the Commonwealth at the District Court level.

Phone Number

Attorney Signature

Date Requested