

## Document Request: Non-Discovery

***This office fully embraces the following tenet:***

*A fundamental philosophy of the American constitutional form of representative government is that government is the servant of the people and not their master. Accordingly, it is the public policy of the State that all persons are entitled to full and complete information regarding the affairs of government and the official acts of those who represent them as public officials and employees. Providing persons with the information is an essential function of a representative government and an integral part of the routine duties of public officials and employees, whose duty it is to provide the information. I.C. § 5-14-3-1*

*The Hamilton County Prosecuting Attorney's Office is a law enforcement agency charged with the responsibility of representing the State of Indiana in all infraction, misdemeanor, and felony cases alleged to have occurred within Hamilton County, Indiana. While the sole loyalty of this office is to the State of Indiana, this office also has the responsibility of protecting the victims of crime and safeguarding victims' rights. This office recognizes the competing interests involved in the public's right to access information maintained by law enforcement agencies, e.g., the people's right to know, the privacy of victims, the safety of the community and its law enforcement officials. These competing interests must all be part of this office's decision making process when considering requests for documents. This office will review each request for documents in this context and, where required or at its discretion, will comply with each request pursuant to the applicable sections of I.C. § 5-14-3.*

- **Read all instructions carefully and answer all questions thoroughly and honestly.**
- **This form MUST be filled out LEGIBLY – Please print or type.**
- **Multiple document requests require submission of multiple forms.**
- **When submitted, this form must be accompanied by all additional documentation, identification, postage and payments as required.**

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	First Name:	Middle Initial:	Last Name:
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Date of Birth: (optional)	
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Street Address:		
City:	State:	Zip Code:





**Are you requesting this document for any of the following reasons?**

- 7. To use the information for commercial purposes.  YES  NO
- 8. To sell, advertise, or otherwise solicit to the employees of this office, a public agency or any other list of names that may be obtained from this request.  YES  NO
- 9. To sell, loan, give away, or otherwise deliver the information to any other person to be used for commercial purposes.  YES  NO
- 10. To use the information in a manner contrary to any rule or ordinance.  YES  NO

**\*\* Please note that some types of records might not be provided by this office due to other legal constraints or policies, including Indiana Rules of Professional Conduct 3.6 and 3.8. See also I.C. § 5-14-3-3. If the answer is YES to any of the above, please understand that this office might not be able to grant a request for any of the documents/items listed above.**

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**I, \_\_\_\_\_, hereby affirm under the penalties of perjury that the answers I have given and the information I have submitted on this form are true. I understand that perjury is a felony and is punishable by up to two-and-one-half (2½) years in prison and/or a fine of \$10,000.00. I understand that the information I am requesting is of a potentially sensitive nature and any misuse may have consequences.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please mail or deliver this completed form to:

Hamilton County Prosecuting Attorney's Office  
 One Hamilton County Square, Suite 134  
 Noblesville, IN 46060

Please include the following with the submission of this form:

1. A photocopy of your driver's license (or any other applicable photo-identification as requested in the body of this form) (optional)
2. A Self-Addressed Stamped Envelope with enough postage affixed to cover the weight of the document you are requesting (refer to the chart below – please note that you must use a First-Class Mail Large Envelopes (Flats) rather than a standard business envelope.)

Price	Number of pages + envelope
\$0.88	Approximately 4 pages +envelope
\$1.05	Approximately 8 pages +envelope
\$1.22	Approximately 12 pages +envelope
\$1.39	Approximately 16 pages +envelope
\$1.56	Approximately 20 pages +envelope
\$1.56 + (\$0.0425 per page over 20 pages)	

3. Appropriate payment to cover the copy fee for the document you are requesting. Copies are ten (10) cents per page. This fee can only be paid by money order. **NO PERSONAL CHECKS ARE ACCEPTED.**

<i><b>For Office Use Only:</b></i>		
<b>Date Received (stamp):</b>	<b>Accept</b> <input type="checkbox"/> <b>Deny</b> <input type="checkbox"/>	<b>By:</b>
	<i>If denying, on what grounds?</i>	
	<b>Date denial letter sent:</b>	<b>By:</b>
<b>Initials:</b>	<i>If accepting, which document sent (title and computer file location):</i>	
	<b>Date Document sent:</b>	<b>By:</b>