

**REQUEST FOR COPY OF  
VIDEO AND AUDIO EVIDENCE**

State of Ohio vs. \_\_\_\_\_

Case No. \_\_\_\_\_

Requesting Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Pursuant to Criminal Rule 16, Defendant hereby requests a copy of any and all available video/audio evidence, if any, in the above detailed matter. More specifically, Defendant requests the following reproduction(s):

- \_\_\_\_\_ Original VHS into VHS format.....(\$10.00 per tape)
- \_\_\_\_\_ Original VHS into DVD format.....(\$13.00 per DVD)
- \_\_\_\_\_ Original DVD into VHS format.....(\$10.00 per tape)
- \_\_\_\_\_ Original DVD into DVD format.....(\$13.00 per DVD)
- \_\_\_\_\_ Original **Ohio State Highway Patrol** DVD into **DVD** format.....(\$20.00 per DVD)
- \_\_\_\_\_ Original **Ohio State Highway Patrol** DVD into **VHS** format.....(\$18.00 per DVD)
- \_\_\_\_\_ Original Audio Recording into cassette format.....(\$8.00 per tape)
- \_\_\_\_\_ Original Audio Recording into CD-R format.....(\$9.00 per CD)
- \_\_\_\_\_ 9-1-1 Call(s) contained on a Diskette.....(\$1.00 per Diskette)

Defendant agrees to compensate the City of Lancaster for the reproduction of the requested video and audio evidence in accordance with the fees outlined above. Further, Defendant acknowledges that payment must be made prior to the request being fulfilled. Checks or Money Orders payable to *City of Lancaster* accepted.

Defendant acknowledges that the video/audio reproduction may be prepared by a third party business, independent of the City of Lancaster Prosecutors Office. Defendant waives any and all claims against the third party business as a result of this reproduction. Further, Defendant waives any and all chain of custody objections pertaining to this reproduction request.

Defendant acknowledges that the video/audio may exhibit medical treatment provided to the Defendant by Emergency Medical and other Healthcare providers. Defendant hereby authorizes the release of this information for the sole purpose of reproducing the above requested evidence.

\_\_\_\_\_  
Attorney for Defendant

\_\_\_\_\_  
Date

----- ***For Prosecutor Use Only*** -----

Request Received: \_\_\_\_\_ (Date)      Payment Enclosed: Amt Rcv'd: \_\_\_\_\_ Check No. \_\_\_\_\_

Request for Copy Forwarded : \_\_\_\_\_ (Date)

Copy received: : \_\_\_\_\_ (Date)

Copy provided to requesting Attorney/Defendant: \_\_\_\_\_ (Date)

- \_\_\_ via Courthouse Mailbox      \_\_\_ via U.S. Mail at above address
- \_\_\_ via Attorney/Defendant pick-up      \_\_\_ Other: \_\_\_\_\_

Did not complete request due to:    \_\_\_ Lack of payment      \_\_\_ Other: \_\_\_\_\_  
   \_\_\_ No video/audio evidence      \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

----- ***For Third Party Use Only*** -----

Request Received: \_\_\_\_\_ (Date)  
Forwarded to City of Lancaster Prosecutor's Office: \_\_\_\_\_ (Date)

Did not complete request due to: \_\_\_\_\_