

# CASCADE COUNTY

State of Montana

Telephone: (406) 454-6915 Criminal Department

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## **LAW ENFORCEMENT REPORTS**

Under the Montana Criminal Justice Information Act, the Cascade County Attorney's Office may authorize the release of the **initial investigative report** of law enforcement officials from the Cascade County Sheriff's Office, the Montana Highway Patrol, Fish Wildlife and Parks, and felony reports from the Great Falls Police Department. If you are requesting a misdemeanor or traffic report from the Great Falls Police Department, please contact the Great Falls City Attorney's Office. If the Cascade County Attorney's Office denies the request you may file a petition with the district court pursuant to Sections 44-5-302 and 303, MCA. If the information requested comes from Great Falls Police Department investigation, both the city and county would need to be respondents to the petition.

## **REQUEST FORM**

I am authorized to legally request and hereby request copies of the following selected item or items regarding law enforcement investigative report number \_\_\_\_\_.

Upon making the request I must pay a **\$15.00 non-refundable** administrative fee for the cost of searching for the requested item or items. I understand I will not be refunded the administrative fee, if after such search, it is determined an item does not exist or if I am not legally entitled to receive the requested documentation. If an item is designated as confidential criminal justice information pursuant to Montana Code Annotated § 44-5-103, or contains private information, I may not receive the item, or the item may be redacted, to remove confidential or private information. I understand the Cascade County Attorney's Office will process the request as expeditiously as possible and (except for requests made by a criminal defendant with an active case pending) it may take 30 days or more for my request to be filled. **Failure to pick up documents within 30 days will result in forfeiture of the \$15 fee and will require a new request and additional \$15 fee prior to release of records.**

## **REQUESTS WITHOUT ACCOMPANYING PAYMENT WILL BE REFUSED.**

Cashier's Check or Money Orders are the only acceptable forms of payment.

**NO CASH OR PERSONAL CHECKS**

**I am requesting this information for the following reason:**

- I am a criminal defendant, I am representing myself, and I am requesting discovery pursuant to Montana Code Annotated §46-15-322, for Case No. \_\_\_\_\_ - \_\_\_\_\_; or
- I am requesting the document for a civil or other purpose as described below:

\_\_\_\_\_  
\_\_\_\_\_.

<b>REPORT NUMBER:</b>	
Party Named in Report (Example: Your name/Client's Name/Insured's Name/Etc.):	
Requestor's Name and/or Organization:	Requestor's Address (for return mail)
Requestor Phone Number:	Relation to Case:
Incident Date:	Reporting Agency (Ex. Great Falls PD, Cascade County S.O.)
Incident Address:	Other Parties Involved:

Requestor's Signature:

\_\_\_\_\_

(By signing this document, I certified that I have read it fully and understand the contents.)

SUBSCRIBED AND SWORN TO before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

NOTARY SEAL

\_\_\_\_\_

Notary Public for \_\_\_\_\_

Release Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

CENTER OF MONTANA'S LIVESTOCK AND FARMING AREAS