



CITY OF PUYALLUP

Office of the City Attorney

City Hall
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Puyallup, WA 98371
Criminal Division (253) 841-5552
Facsimile (253) 770-3352

PRO SE REQUEST FOR DISCOVERY

Please legibly **PRINT** the following information:

Date of Request: _____ Hearing Date: _____

Name: _____ (Last) _____ (First) _____ (MI) DOB: _____

Mailing Address: _____
(PO Box or Street Address)

(City, State and Zip Code)

Telephone Number: (_____) _____

*Citation/Case Number: _____ OR **Infraction Number: _____

Signature: _____

****Please allow up to three weeks for processing criminal case discovery.
Per Court Rule IRLJ 3.1(b), infraction discovery must be requested at least 14 days before hearing & will be mailed at least 7 days prior to hearing.*



PROSECUTOR USE ONLY

Date Sent: _____

Sent By: _____