

## ATTORNEY REQUEST

\_\_\_\_\_ REQUEST FOR THE FOLLOWING TO BE PICKED UP FROM THE COURT  
APPOINTED ATTORNEY FILE:

\_\_\_\_\_ REQUEST FOR THE FOLLOWING TO BE FAXED TO THE ATTORNEY'S  
OFFICE:

FAX NUMBER \_\_\_\_\_

\_\_\_\_\_ CERTIFICATE OF ANALYSIS (BREATH/BLOOD/DRUG)

\_\_\_\_\_ COPY OF WARRANT & COMPLAINT

\_\_\_\_\_ COPY OF WITNESS SUBPOENA

DATE \_\_\_\_\_

***PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE:***

\_\_\_\_\_  
NAME OF DEFENDANT

\_\_\_\_\_  
HEARING DATE

\_\_\_\_\_  
CASE NUMBER(S)

\_\_\_\_\_  
NAME OF ATTORNEY (*PLEASE PRINT*)

**UPON RECEIVING THE BLOOD ALCOHOL/DRUG ANALYSIS, PLEASE SIGN THE  
FOLLOWING AND PUT IN THE ATTORNEY FILE BOX.**

**I CERTIFY THAT I HAVE RECEIVED A COPY OF THE ANALYSIS I REQUESTED  
FOR THE ABOVE-NAMED DEFENDANT.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE