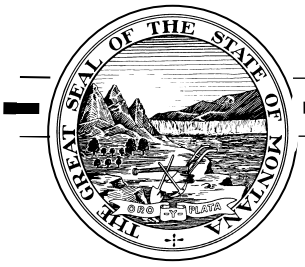
ATTACHMENT A

OFFICE OF THE STATE PUBLIC DEFENDER



STATE OF MONTANA

Phone: (406) 496-6080
Fax: (406) 496- 6098

44 WEST PARK STREET
BUTTE, MONTANA 59701

Investigation Request

(To be completed for all FTE and contractor requests)

Attorney requesting investigation: _____ Date: _____

Case Number : _____ OPD #: _____

Defendant's Name: _____

Attorney's Investigation Request: (Please identify what you want investigated, names of people to be interviewed, what questions you desire, any photos needed to be taken and additional information needed to assist in your case, any deadlines known)

_____
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_____
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Was discovery provided with request: Yes_____ No_____

Date request received_____ Investigator _____

For Office Use Only
[APPROVED / DENIED]

_____ _____
RDPD/Conflict Coordinator/MCU Supervisor Date