

To: DWI Video Library  
Tarrant County Criminal District Attorney's Office  
817.884.2499 fax

From: \_\_\_\_\_

## Media Duplication Request Form Out of County Attorney

### MEDIA DUPLICATION REQUEST FORM

Request Date: \_\_\_\_\_ Request Time: \_\_\_\_\_ Type of Media: Audio  Video

Requestor's Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Law Firm: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Cause #: \_\_\_\_\_ Court #: \_\_\_\_\_ ECFS #: \_\_\_\_\_

LEA Service/Offense #: \_\_\_\_\_ Offense Date: \_\_\_\_\_ Time of Offense: \_\_\_\_\_

Defendant's Name: \_\_\_\_\_ Primary Offense:  DWI  Other: \_\_\_\_\_

Date/Time: In \_\_\_\_\_ Date/Time: Out \_\_\_\_\_ Control #: \_\_\_\_\_

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

TCCDA USE ONLY

LEA Media Type:	CD	DVD	VHS	Total
In-Car				
Station/Jail				

This form is for the use of attorneys whose principle office is located outside of Tarrant County, Texas.