IN T	HE DISTRICT C	OURT OF THE	LE COLINITY	JUDICIAL D DF S	DISTRICT OF	THE STATE
	OF IDAHO, II	N AND FOR IF	1E COUNTY	JF S	TATE OF IDA	чно,
Plaintiff,				FOR DISCOVE		
V.) REQUEST))	FOR DISCOVE	Κĭ	
Defendant.			·			
TO: THE (PROSE	CUTING ATTOR	RNEY OF		COUNTY) (DE	FENDANT):	
PLEASE TAKE NOTION and inspection of the second sec					ho Criminal	Rules requests discover
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_			-			vidence and materials on
the da	у от	, 20, at _			·	
Dated this	day of	, 20_	·			
Attorney for the (P	aintiff) (Defen	dant)				

CERTIFICATE OF SERVICE

I certify that on (date)	, I served a copy to: (name all parties in the case other than yourself
(Name)	By mail By personal delivery By fax (number)
(Street or Post Office Address)	
(City, State, and Zip Code)	
(Name)	By mail By personal delivery By fav (number)
(Street or Post Office Address)	By fax (number)
(City, State, and Zip Code)	
Typed/printed name	 Signature