

**Disclosure Obligation Review – Screening Level**

THE LIST CONTAINED HEREIN IS NON-EXHAUSTIVE. THE PURPOSE OF THIS FORM IS TO ASSIST ADAs IN THEIR DUTY TO COMPLY WITH THEIR DISCLOSURE OBLIGATIONS. ADHERENCE TO THE STEPS CONTAINED IN THIS FORM DOES NOT GUARANTEE THAT AN ADA IS IN FULL COMPLIANCE WITH HIS OR HER DISCLOSURE OBLIGATIONS. ALL ADAs ARE OBLIGATED TO FAMILIARIZE THEMSEVLES WITH THE RELEVANT CASE LAW IN ORDER TO ENSURE FULL COMPLIANCE WITH THEIR DUTIES TO INVESTIGATE AND DISCLOSE EXCULPATORY MATERIAL, EVIDENCE FAVORABLE TO THE DEFENSE OR FOR IMPEACHMENT.

WHEN IN DOUBT, ADAs SHOULD ALWAYS ERR ON THE SIDE OF FULL DISCLOSURE.

1. **Kyles Efforts** – I have obtained any and all additional materials that are known to me, and have made them part of the D.A. case file. I have made a diligent inquiry for all available information including consulting with the lead detective and inquiring as to the existence of any additional reports, recordings, and information pertaining to this case. (If such information is known, but not yet received, check the box and list it in a memorandum).
2. **DA File** – I have received all notes, reports, recordings and materials included in the D.A. case file.
3. **Witness Statements** – I have prepared a Notice of Disclosure, to be filed by the trial A.D.A., identifying any inconsistent statements or information provided by a victim or witness and learned during my review of the case. (A Notice of Disclosure is not required for any statement previously documented in a discoverable format such as an audio recording or police report).
4. **Victim and Witness Assistance** – Answer the following questions to the best of your knowledge and diligent inquiry (any answer of “yes” must be explained, in detail, on the reverse or via memorandum).
  - a) Does any victim or witness have any open arrests; any open cases, any pending charges or is any victim or witness currently incarcerated?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  - b) If the answer to part “a” was yes, have any reductions in charge, sentence or bill status been offered? Does the victim or witness have any belief that a reduction might be discussed in the future?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  - c) Was any victim or witness offered a grant of immunity or anything of value in exchange for his or her cooperation with the instant case?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  - d) Has any victim or witness received material assistance from the Victim/Witness Division, including but not limited to food, clothing, lodging, travel or financial assistance? Has any victim or witness received or expect to receive compensation from an award program as a result of his or her cooperation?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. I am not aware of any evidence that is exculpatory, favorable to the defendant, or may be used to impeach a witness that is not accounted for in a Notice of Disclosure or in discoverable material.

Law Enforcement Item No. \_\_\_\_\_ Sign & Dated \_\_\_\_\_

### Disclosure Obligation Review – Pre-Trial

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WHEN IN DOUBT, ADAs SHOULD ALWAYS ERR ON THE SIDE OF FULL DISCLOSURE

1. **DA File** – I have received all notes, reports, recordings and materials included in the D.A. case file.
2. **Kyles Review** – I have obtained any and all additional materials that are known to me, and have made them part of the D.A. case file. I have made a diligent inquiry for all available information including consulting with the lead detective and inquiring as to the existence of any additional reports, recordings, and information pertaining to this case. All discovery has been tendered to defendant’s counsel of record.
3. **Witness Statements** – I have received all statements of the victim(s) and witnesses, which are known to me, including any interviews conducted after the institution of prosecution for statements that are inconsistent with previous statements given. A Notice of Disclosure of statements containing any material inconsistencies has been prepared.
4. **Victim and Witness Impeachment Evidence** - Answer the following questions to the best of your knowledge and diligent inquiry (any answer of “yes” must be explained, in detail via memorandum) and a disclosure notice to defense counsel is required.
  - a. Does any victim or witness have any open arrests; any open cases, any pending charges or is any victim or witness currently incarcerated?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. If the answer to part “a” was yes, have any reductions in charge, sentence or bill status been offered by any member of this office or by law enforcement? Does the victim or witness have any belief that a reduction might be discussed in the future?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. Was any victim or witness offered a grant of immunity or anything of value in exchange for his or her cooperation with the instant case?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  - d. Has any victim or witness received material assistance from the Victim/Witness Division, including but not limited to food, clothing, lodging, travel or financial assistance? Has any victim or witness received or expect to receive compensation from an award program as a result of his or her cooperation?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. After a review of all reports, recordings, and other documents and materials associated with this case, of which I am aware, I have determined that:
  - a. No additional disclosures are necessary  (Check here) OR
  - b. A disclosure is necessary and I have attached a copy of ‘State’s Notice of Disclosure’ that has been served upon defendant’s counsel of record and filed in open court.  (Check here)

CDC Case No. \_\_\_\_\_

\_\_\_\_\_  
ADA, Trial Division

\_\_\_\_\_  
Date

**APPENDIX D**

**ITEMIZED DISCOVERY RECEIPT**

# ITEMIZED DISCOVERY RECEIPT

Defendant \_\_\_\_\_

D.A. # \_\_\_\_\_ ADA NAME: \_\_\_\_\_

CLERK # \_\_\_\_\_ DIVISION \_\_\_\_\_

This is to acknowledge the receipt of discovery on the above named defendant.

<p>Advise of Rights _____</p> <p>Affidavit _____</p> <p>Arrest Register _____</p> <p>Arrest Report and Probable Cause Affidavit _____</p> <p>Autopsy Report _____</p> <p>Bill of Information _____</p> <p>Bond Processing Receipt _____</p> <p>Cert. Convictions _____</p> <p>Chain of Custody _____</p> <p>Consent Search Form _____</p> <p>Crime Lab Report _____</p> <p>Drug Evidence Report _____</p> <p>DWI Report _____</p> <p>Fingerprint Report _____</p> <p>Firearms Trace Report _____</p> <p>Investigator's Report _____</p> <p>Medical Records _____</p> <p>Misdemeanor Summons _____</p> <p>Notice Pending Forfeiture _____</p> <p>Photos _____</p> <p>Police Report _____</p> <p>PC for Seizure of Assets _____</p>	<p>Property Receipt _____</p> <p>Property Seized _____</p> <p>Rap Sheet and Criminal History Report (Defendant) _____</p> <p>Rap Sheet and Criminal History Report (Victim) _____</p> <p>Rap Sheet and Criminal History Report (Witness) _____</p> <p>Return on Search Warrant _____</p> <p>Rights of an Arrestee _____</p> <p>Scientific Analysis Report _____</p> <p>Search &amp; Seizure Warrant _____</p> <p>Search Warrant _____</p> <p>Seizure Warrant _____</p> <p>Statement of Defendant _____</p> <p>Statement of Victim _____</p> <p>Statement of Witness _____</p> <p>Supplemental Report _____</p> <p>Ticket _____</p> <p>Vehicle Tow/Impound _____</p> <p>Inventory Record _____</p> <p>Warrant of Arrest _____</p> <p>Other _____</p>
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Defendant agrees to Open File Discovery in lieu of Preliminary Examination and Bill of Particulars.

In the event that you withdraw as counsel, please forward all Discovery to new attorney.

\_\_\_\_\_  
ATTORNEY FOR DEFENSE

\_\_\_\_\_  
DATE