



MARICOPA COUNTY ATTORNEY'S OFFICE
INVESTIGATIONS DIVISION



REQUEST FOR LETTER OF DISPOSITION

Instructions:

Type or print the requested information in the spaces provided. Attach a legible copy of your valid driver's license or state issued identification card and return via e-mail, postal mail or Fax. Please allow 7-10 business days for Letters of Disposition. Mail to: Maricopa County Attorney's Office, 301 W. Jefferson St. #800, Phoenix AZ 85003 or e-mail to: cadispo@mcao.maricopa.gov. Fax: (602)594-7051

DEFENDANT INFORMATION

Last Name: First Name: MI:

Mailing Address: City: State: Zip:

Date of Birth: Soc. Sec. : Contact Phone:

E-Mail: Send copy of letter to this e-mail

CASE INFORMATION

Date of Offense: Charge(s):

Arresting Agency: Agency Report :

Court Case:

Comments:

I hereby authorize the Maricopa County Attorney's Office and it's employees to conduct all of the necessary research including, but not limited to, criminal history checks in order to determine the disposition of the above charge(s).

Signature: Date