



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 driver's license or state issued identification card and return via e-mail, postal mail or fax. All requests that are not made in person, must be notarized and accompanied by a legible copy of your photo ID (i.e. Driver's License, State ID, Military ID or U.S. Passport). In the event a third party (e.g. Attorney, Military Recruiter) is making the request on your behalf, the request shall also contain a notarized copy of an Affidavit signed by you, indicating you are authorizing the third party to collect this information on your behalf.

Mail to: Maricopa County Attorney's Office, 225 West Madison Street, Phoenix AZ 85003

E-mail to: cadispo@mcao.maricopa.gov. Fax: (602)594-7051

Please allow 7-10 business days for processing.

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:

[Send Email](#)

[Print Form](#)