

LEGAL COPY/INDIGENT POSTAGE/SCANNING REQUEST

Only one document per request.

D ((11 '(/ 11		
Requestor full name	DOC n	number	Unit/cell	Date	
Requestors must allow 5 business day: Debt incurred for copies or indigent pos Incarcerated Individuals.		•		-	
F	HOTOCOPY F	REQUEST			
Blank pages will not be copied • All o	opies eligible	to create a de	ebt will be m	nailed out immediately	
Legal pleadings and exhibits being sub of the following (select one).	mitted to the co	ourt and oppo	sing party in	a case regarding one	
☐ Current conviction ☐ Conditions of	confinement [☐ Challenge	to sentence	☐ Child dependency	
Case number:		Date of verif	iable deadli	ne:	
Copies need to be mailed to:					
☐ Court, including copies of bench c	r judge's copie	s if required b	y the rules:		
☐ Counsel listed on the Judgment and Sentence (J&S) for appeals:					
☐ Opposing party(ies):	·		_		
 Ombuds - Up to 5 pages (not to be hereby waiving confidentiality for to Corrections Ombuds (OCO). 	•	- ,			
A photocopy of the following, which rec	uires available	funds (select	one of the f	ollowing and identify):	
☐ Working legal documents/letters to	o legal entities f	for active case	es:		
☐ Letters to legal entities per DOC 4☐ Legal documents/papers or mater documents):	ials (e.g., family la	aw documents, I	·		
Number of pages: x Number of co		· -			
	Employee us	se only			
☐ Requestor is on indigent listRequestor has: ☐ Insufficient fund☐ Sufficient funds			06-075 Req	e debt uest to Transfer Funds tage Transfer	
Copies made by:		Da	te copies m	ade:	
Date copies sent, if required:			-		
INDI	GENT POSTAC	SE REQUEST	<u> </u>		
This applies to postage needed by a re				following (select one):	
☐ BAR Association for attorney compl	aints □ C	Office of the C	orrections O	mhuds	
☐ Indeterminate Sentence Review Bo					
 □ Department of Enterprise Services/ 		•		,	
 Court or opposing attorney/party (or sentencing, or child dependency) 					

	SCANNING	REQUEST					
Scanning is only applicable for on an electronic filing program.	. •	9	ation with the Department				
Case number:	Court:		Number of pages:				
Scanning completed by:		Date scanned:	Page count:				
WAIVER OF PRESENCE							
By signing, requestor waives right to be present when copying/scanning is conducted:							
Requestor signature:		Date:					
COMMENTS – EMPLOYEE USE ONLY							
The contents of this document may be eligib will be redacted in the event of such a reque							

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