

IN THE 18th JUDICIAL DISTRICT
DISTRICT COURT OF SEDGWICK COUNTY, KANSAS

THE STATE OF KANSAS

Petitioner

vs.

Case No.

[Name] Respondent

**REQUEST FOR THE AFFIDAVIT OR SWORN TESTIMONY IN SUPPORT OF A
WARRANT OR SUMMONS**

Pursuant to K.S.A. 22-2302, as amended by 2014 Senate Substitute for House Bill 2389.

I respectfully request of the Court a copy of the affidavit or sworn testimony in support of the warrant or summons issued on _____ [Date] regarding: _____

[Name of Subject of Warrant or Summons].

Submitted by:

Name(Print)

Address 1: _____

Address 2: _____

City, State, Zip: _____

Telephone: _____

Fax Number: _____

E-mail Address: _____

Additional Information:

1. This form is intended to provide sufficient information for the Clerk of the District Court to identify the precise affidavit or sworn testimony that is being requested pursuant to t K.S.A. 22-2302(c) or K.S.A. 22-2502(e).
2. Upon completion and filing of this form, the Clerk will promptly notify the defendant or the defendant's counsel, the prosecutor and the judge of your request.
3. From this point, the defendant or the defendant's counsel and the prosecutor may, within five (5) business days, submit to the judge, under seal, proposed redactions and a motion to seal the affidavits of sworn testimony.
4. The judge will subsequently review any proposed redactions to or motions to seal the requested affidavits or sworn testimony, and will either redact or seal the requested affidavits or sworn testimony if merited, within five (5) business days of receiving the parties proposed redactions or motions to seal. The judge will only redact or seal the requested affidavits if doing so is necessary to prevent public disclosure of information pertaining to the statutorily-enumerated categories et out in K.S.A. 22-2302(c)(4) or K.S.A. 22-2502(e)(4).



CERTIFICATE OF SERVICE

[To be completed by the Clerk of the Court.]

I certify that I have served a true and correct copy of this request in the following manner:

(1) Personal Service. By delivering a copy of the request to each of the following persons on the dates indicated:

_____	_____
_____	_____
(Name)	(Date)

(2) Mail Service. By mailing on the ____ day of _____, _____, a copy of this request by first class mail to each of the following persons at the following addresses:

(3) Telefacsimile communication. By faxing on the ____ day of _____, _____, at ____ o'clock __.m., a copy of this request to the following persons: _____

Number of transmitting machine: _____

Number of receiving machine: _____

(4) Internet electronic mail. By e-mailing on the ____ day of _____, _____, at ____ o'clock __.m., a copy of the request to the following persons at the following e-mail addresses:

	georgia.cole@sedgwick.gov
	justin.edwards@sedgwick.gov
	ann.swegle@sedgwick.gov
lori.schmidt@sedgwick.gov	margaret.mcintire@sedgwick.gov
dan.dillon@sedgwick.gov	carol.munsell@sedgwick.gov

Clerk of the District Court

By: Deputy Clerk