



Coeur d'Alene City Attorney's Office
Police Report & Criminal History Request
For Evaluators / Treatment Providers

Requestor: _____ Fax #: _____ Phone#: _____

Defendant Name: _____ Case Number: _____

Type of Evaluation: Domestic Violence Substance Abuse Other: _____

Date Requested: _____

Requesting: Include NCIC* Criminal History Summary Police Report

Other: _____

Please send request by fax to: 208-769-2326 or by email to: cdapros@cdaid.org

*To receive NCIC, requestor must be in compliance with Idaho Criminal Rule 33.3

INTERNAL USE ONLY

Requestor authorized to receive NCIC per ICR 33.3: YES NO

Defendant's Relevant Criminal History:

Reviewed by: _____
Deputy / Assistant City Attorney

Date: _____