



# OSAGE COUNTY ATTORNEY'S OFFICE

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## DISCOVERY REQUEST

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Date \_\_\_\_\_

Case No. \_\_\_\_\_

State of Kansas vs. \_\_\_\_\_

Defense Attorney's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Email Address \_\_\_\_\_

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