



THE UNIVERSITY OF  
**TENNESSEE**  
KNOXVILLE

**Request for Video**

**By requesting this video, I hereby certify that I am the attorney of record for this Defendant, or have been retained to represent the Defendant on these criminal charges, or that I am an employee of the same and am requesting this video on his/her behalf. I further certify that I have familiarized myself with any standing order from a Knox County court with criminal jurisdiction regarding law enforcement videos provided for use in criminal litigation.**

**Event Information**

Full Name of Defendant: \_\_\_\_\_

County IDN of Defendant: \_\_\_\_\_

Police Report Number: \_\_\_\_\_

Location: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Officer Name: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_

Warrant/Citation/Docket Number: \_\_\_\_\_

**Requestor Information**

Name of Requestor: \_\_\_\_\_

Signature of Requestor (if written form) \_\_\_\_\_

Name of Attorney (if not the requestor) \_\_\_\_\_

Contact information: \_\_\_\_\_