



Department of Assigned Counsel

**INVESTIGATOR REQUEST FORM**

TODAY'S DATE:

ATTORNEY:

CLIENT:

CAUSE NUMBER:

CLIENT PHONE:

**\*\*DUE DATE\*\*:**

PHONE NUMBER:

JAIL LOCATION:

TRIAL DATE(S):

CHARGE(S):

**STATE'S VERSION:**

**DEFENDANT'S VERSION:**

**INVESTIGATION REQUEST:**

ASSIGNED TO:

DATE

ASSIGNED BY: