

Amount  
Due\_\_\_\_\_

# V.A.P. Form

## District Attorney Office

*Matthew D Powell*

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Lubbock, Texas 79408  
Phone 806-775-1100 Email dadiscovery@co.lubbock.tx.us

**\*PLEASE USE ONE FORM PER AGENCY CASE NUMBER.**

[Name]  
[Company Name]  
[Street Address]  
[City, ST ZIP Code]  
[Phone]  
[Email]

DEFENDANT INFORMATION  
[Name]  
[ State Cause Number]  
[Court]  
[D.O.B]  
[Date Requested]

MVR/DVR VIDEO	911 CALL	CRIME SCENE/ EVIDENCE PHOTOS
INSTANTION VIDEO	AUDIO STATEMENTS	INTERVIEW VIDEO
SECURITY VIDEO	CI AUDIO	CAC VIDEO

Agency LPD, DPS, etc...	Date and Time of Offense	DESCRIPTION CODE	Agency Report Number	Officer Name

**Use one code per line. Requests not video, audio, or pictures will be sent back.**

\_\_\_\_\_  
Picked up by(print name)

\_\_\_\_\_  
Date:

Method of Payment\_\_\_\_\_

Amount Paid\_\_\_\_\_