

# APPENDIX

## Marion County Forms

- First Sheet - Felony Screening gives to detectives when they present case for filing
- Second Sheet - Post-filing sent from paralegals to detectives and other relevant officers
- Third Sheet - Officers send back to prosecutor

**TO: ALL DETECTIVES**  
**FROM: CAROLE JOHNSON**  
**RE: DISCLOSURE OF POTENTIALLY EXCULPATORY INFORMATION**

As part of the court-ordered discovery process, deputy prosecutors are required to disclose ANY AND ALL evidence that MIGHT be construed as giving favorable treatment to a state's witness and/or a defendant in a criminal proceeding. [This includes, but is not limited to, such things as agreements not to file charges; reductions in bond; sentence modifications; requests for witness relocation; etc.---If you are unsure whether or not something would be construed as "leniency or consideration," please let the screening deputy know about it, and the deputy will determine whether or not the information needs to be listed. ]

The courts have ruled that any information known to a police officer is imputed to the deputy prosecutor handling the case. Therefore, please complete, sign, and date the following:

AS TO STATE v. \_\_\_\_\_, JUSTIS # \_\_\_\_\_:

\_\_\_\_\_ I am not aware of any favorable treatment or consideration given to any State's witness or any defendant.

\_\_\_\_\_ I am aware of the following information which could be considered as potentially favorable treatment of a state's witness. [Please describe in detail, including the name of each witness and the consideration given to the witness.]

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Detective Signature \_\_\_\_\_ Date \_\_\_\_\_



MARION COUNTY PROSECUTING ATTORNEY

SCOTT C. NEWMAN, PROSECUTOR

CITY-COUNTY BUILDING, SUITE 560

200 EAST WASHINGTON STREET

INDIANAPOLIS, INDIANA 46204-3363

PHONE (317) 327-3522 • FAX (317) 327-5409 • TDD (317) 327-5186

TO: Detective [REDACTED] (Det. Name)

FROM: Deputy Prosecutor [REDACTED] (DP)

RE: State of Indiana v. [REDACTED] (Def. Name)  
Cause # [REDACTED] Cause #

DISCLOSURE OF POTENTIALLY EXCULPATORY INFORMATION

DATE: \_\_\_\_\_

As part of the court ordered discovery process, I am required to disclose any and all evidence that might be construed as giving favorable treatment to a state's witness, and/or a defendant in a criminal proceeding. (This includes such things as: agreements not to file charges, reductions in bond, sentence modifications, requests for witness relocation, etc.).

The courts have ruled that any information known to a police officer is imputed to the deputy prosecutor handling the case. Therefore, this memorandum is intended to inquire of you whether or not you are aware of any consideration that was given to any state's witness or cooperating individuals at any time during the course of this investigation. If you are unsure whether or not something would be construed as "leniency or consideration" please let me know about it anyway, and I will determine whether or not it needs to be disclosed to the defense.

Attached is a form that I ask you to fill out and return to me within the next 10 business days. Please contact me at 327-[REDACTED] phone# if you have any questions.



MARION COUNTY PROSECUTING ATTORNEY

SCOTT C. NEWMAN, PROSECUTOR

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PHONE (317) 327-3522 • FAX (317) 327-5409 • TDD (317) 327-5186

TO: Deputy Prosecutor [REDACTED]

FROM: Detective [REDACTED] Det. Name [REDACTED]

RE: State of Indiana v. [REDACTED] (Def. Name)  
Cause # [REDACTED] (Cause #)

DISCLOSURE OF POTENTIALLY EXCULPATORY INFORMATION

I have received your memo regarding disclosure of favorable treatment to state's witnesses, and can advise you as follows:

\_\_\_\_\_ I am not aware of any favorable treatment or consideration given to any state's witness.

\_\_\_\_\_ I am aware of the following information which could be considered as potentially favorable treatment to a state's witness (please describe in detail including the name of the witness and the consideration given to the witness):

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Detective Signature: \_\_\_\_\_

Date \_\_\_\_\_