



Coeur d'Alene City Attorney's Office  
Police Report & Criminal History Request  
For Evaluators / Treatment Providers

Requestor: \_\_\_\_\_ Fax #: \_\_\_\_\_ Phone#: \_\_\_\_\_

Defendant Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Type of Evaluation:  Domestic Violence  Substance Abuse  Other: \_\_\_\_\_

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

Requesting:  Include NCIC\*  Criminal History Summary  Police Report

Other: \_\_\_\_\_

Please send request by fax to: 208-769-2326 or by email to: [cdapros@cdaid.org](mailto:cdapros@cdaid.org)

\*To receive NCIC, requestor must be in compliance with Idaho Criminal Rule 33.3

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**INTERNAL USE ONLY**

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Requestor authorized to receive NCIC per ICR 33.3:  YES  NO

Defendant's Relevant Criminal History:

Reviewed by: \_\_\_\_\_  
Deputy / Assistant City Attorney

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