

Attorney's Name: \_\_\_\_\_

Defendant's Name: \_\_\_\_\_

OPEN FILE DISCOVERY AGREEMENT

*To be read and signed before reviewing discovery materials.*

I agree that I will not:

- Write down or in any way record or document the personal information (e.g., date of birth, SSN, address, telephone number, etc.) of anyone (other than my client) without the permission of the prosecutor who provided the discovery.
- Download, photograph or photocopy anything without the permission of the prosecutor who provided the discovery.
- Remove any discovery items or materials from the Office of the Commonwealth's Attorney without the permission of the prosecutor who provided the discovery.
- Disseminate any materials I have been authorized to keep to anyone other than my client, or any other attorney who officially enters their appearance in the case. Nor will we publish, nor have the materials published, on the internet or in any other media.

File contain CD/DVD? \_\_\_\_\_ Yes \_\_\_\_\_ No

Attorney's Signature: \_\_\_\_\_

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

Please return file to: \_\_\_\_\_ /file drawer \_\_\_\_\_