

Prosecuting Attorney's Office

(208) 752-1106 / prosecutor@co.shoshone.id.us

To report a crime or information related to a criminal case, please contact the Shoshone County Sheriff's Office or the local Law Enforcement agency where the crime took place.

If you are seeking contact with the PA's Office regarding one of the following, you may proceed to the 2nd floor and use the intercom to communicate with legal assistants regarding your issue:

- Individuals who have contacted the PA's Office previously and are reporting to their scheduled appointment.
- Victims of a crime who wish to take advantage of the Pretrial Victim Witness Participation Program (PVWPP) by meeting with the PA Office's Victim Witness Coordinator.
- Attorneys who are licensed to practice law in the state of Idaho and are performing functions pursuant to their legal authority involving an active Shoshone County case.
- Witnesses/parties to a case who are reporting to court pursuant to a subpoena.
- Law Enforcement officers seeking emergency assistance from the PA's Office regarding agency functions.

If you wish to submit a request for release of evidence, please use the form located on the next page and email to the above referenced email in header or drop off at our office.

If you desire to provide comment to the PA's Office regarding an active Shoshone County case or other function which the PA's Office has statutory authority over, please submit an email with the pertinent information and include your full legal name, a phone number and address on how you can be contacted.

For all other inquiries or to inquire as to appointment availability, please contact the PA's Office using the contact information listed in the header and we will respond as availability allows.

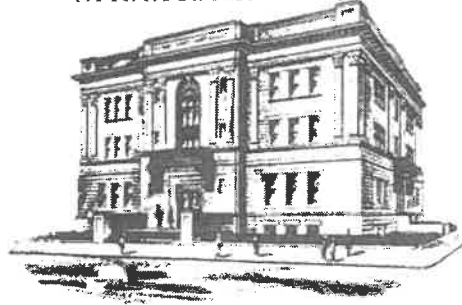
PROSECUTING ATTORNEY'S OFFICE

SHOSHONE COUNTY

Benjamin Allen
Prosecuting Attorney

Britney Jacobs
Chief Deputy Prosecuting Attorney

Scott Sergeant
Deputy Prosecuting Attorney



700 Bank St. Suite 200
Wallace, ID 83873

Phone: 208-752-1106
Fax: 208-753-8351

Email: prosecutor@co.shoshone.id.us

REQUEST FOR RELEASE OF EVIDENCE

Before you submit this request, 42 days must have passed since the execution of the Judgment

Case Number _____

Defendant's Name: _____

Date of Judgement: _____

Arresting Agency: _____

Name of Person Requesting Release: _____

Relationship to Defendant: _____

Address for Requesting Party: _____

Telephone No. For Requesting Party: _____

Email Address for Requesting Party: _____

List and fully describe the items you are requesting to have released below:

Office Use Only	
Approved / Denied	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

1. _____
2. _____
3. _____
4. _____

This form may only be submitted by the actual owner of the property listed. Proof of ownership must be attached to identify the owner of the property listed above (i.e. receipt, title, bill of sale, etc.).

Reviewed and approved/denied by:

Prosecuting Attorney

Date