

**PRO FORMA
REQUEST FROM SCRA FOR THE PROVISION OF EVIDENCE FROM
COPFS**

DATE:	
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Name of Reporter:		Name of Procurator Fiscal:	
Address:		Address:	
Tel No:		Tel No:	
Email address:		Email address:	

Name of Child :		Date of birth:		CMS ref no:	
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Name of Accused:		Date of Birth (dd/mm/yyyy)	
Police Ref. No.		PF Ref. No.	

Date of proof application:		Sheriff Court:	
Date proof commences (or date of next calling if no date for proof set):		Estimated duration (if no date for proof has been set, include estimate of proof start date):	

Brief summary of the statement of grounds:	
Details of evidence requested:	
Reasons why the evidence is required:	

I hereby **agree** to release the above items to the Reporter on condition
(i) that the evidence is returned to me by _____ or earlier if so requested¹¹.
(ii) any other specific condition specified by the prosecutor

(Signed): Procurator Fiscal

The Procurator Fiscal is **unable to comply** with the above request and the above items are unable to be released to the Reporter on the basis that it is necessary to retain the evidence for the purposes of proceedings (which may have commenced or may be in contemplation).

If any court dates have been assigned, please include them below:

(Signed): Procurator Fiscal

TO BE GIVEN / SENT TO PROCURATOR FISCAL UPON RECEIPT OF ITEMS

I acknowledge **receipt** of the undernoted items and I undertake to keep them secure and return the items to the Procurator Fiscal on the above date or earlier if so requested.

- 1.
- 2.
- 3.

Date: _____ (Signed): Reporter

TO BE GIVEN / SENT TO REPORTER UPON RECEIPT OF RETURNED OF ITEMS

I acknowledge **return** of the undernoted items:

- 1.
- 2.
- 3.

Date: _____ (Signed): Procurator Fiscal

¹¹ This statement and the undernoted acknowledgements of receipt may be communicated by e-mail as an alternative to transmitting a hard copy of this form.