

STATE OF SOUTH DAKOTA COUNTY OF _____ _____ _____ (Case Caption)	IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT CASE NO: _____ DOCUMENT RETURN REQUEST
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I am requesting that the following document(s) submitted for scanning or as a trial exhibit in the above-named case be returned:

I request that the documents be returned by mail and have provided a self-Addressed stamped envelope.

Date: _____

Signed: _____

Party or Party's Attorney of Record: _____

Address: _____

Phone #: _____

*This document and a self-addressed, stamped envelope must be submitted at the same time the document you want back is filed or the document filed may be destroyed 30 days from the time of filing