***BRADY* EVIDENCE DISCLOSURE FORM**

To: Berkshire District Attorney’s Office *Brady* Review Team

From:

Date:

Re: Potential *Brady* Disclosure Information

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**Officer/expert witness full name:**

**Agency:**

**Dates of employment:**

This agency is aware of a potential matter regarding the above-named officer/expert witness/employee that may require disclosure pursuant to the BDAO’s *Brady* Policy. The alleged conduct relates to:

\_\_\_ any convictions or continuations without a finding for misdemeanors or felonies in

Massachusetts or similar dispositions in other jurisdictions within the past ten (10) years.

\_\_\_ current probation, parole, or other form of court supervision for any crime in any jurisdiction.

\_\_\_ current pending criminal charges of any nature in any jurisdiction.

\_\_\_ misconduct involving dishonesty, including false verbal or written statements.

\_\_\_ biased policing.

\_\_\_ racial profiling.

\_\_\_ malicious harassment.

\_\_\_ other misconduct that suggests bias against a class of people (race, ethnicity, sexual orientation, gender, disability, economic status, national origin, veteran’s status, religious creed, age, or other personal characteristics).

\_\_\_ being the subject of an investigation, irrespective of whether the investigation was conducted by Internal Affairs, and the investigation resulted in a finding that the officer/employee engaged in conduct that implicates any of the categories above, and the information is maintained in any agency file, including but not limited to the officer/employee’s personnel file.

\_\_\_ failure to pass job-related proficiency tests, exams, or assessments or any failures to obtain certifications or proficiency testing from third party vendors related to skills that may be the subject of testimony as it pertains to the specific case, their expertise, or their training.

\_\_\_ any other conduct that could be considered exculpatory, favorable to a defendant, or impeachable against the officer/expert witness/employee that is not mentioned expressly in the categories above.

Date(s) of conduct:

Name and phone number of person to contact for more information:

*A member of the BDAO* Brady *Review Team will contact you for additional information.*

Please return this form to:

Via email: Karen Bell

First Assistant District Attorney

[karen.bell@mass.gov](mailto:karen.bell@mass.gov)

Via U.S. Mail: Berkshire District Attorney’s Office

Attn: *Brady* Review Team

7 North Street

Pittsfield, MA 01201