



DISCLOSURE REQUEST FORM

Prosecutors' Office
Provincial Offences Court
5 Ray Lawson Blvd.,
2nd Floor
Brampton, ON L6Y 5L7
FAX: 905-450-4368

- Please complete this form in full
- Return it to the Prosecutors' Office
- Disclosure is provided by **Fax or Pick-up ONLY**
- **Please allow 6-8 weeks for processing**

Today's Date: _____

Name of Defendant: _____
First Name Last Name

Telephone Number: _____ Fax Number: _____
(We will contact you when disclosure is ready for pick-up) (Disclosure will be faxed to this number)

Requested By:

- ☒ Defendant
☐ Lawyer: _____ / LSUC # _____
☐ Paralegal: _____ / LSUC # _____
☐ Other: _____

(if you are representing the defendant and are not a Lawyer or Paralegal, ie. Friend/Relative)

Offence Number: 3160 999 00 _____
(Located at the top left of your Notice of Trial)

Description of Charge(s): _____
(Type of offence you were charged with, for example: "**Speeding**")

Section(s): _____
(The section of the Act, for example; "Speeding" would be section: "**128 HTA**")

Offence Date: _____
(The date you were charged with the offence) MONTH/DAY/YEAR

Officer in Charge: Officer Name: _____
(See top right corner of your Notice of Trial) Officer No. (Badge No.): _____
Unit No. (Division No): _____

Court Date: _____ / **Time:** _____ / **Courtroom #** _____

Please Note: If your court date is adjourned, and you have not received disclosure, it is your responsibility to provide the Prosecutors' Office with the new court date.

Please complete the information to the right IN FULL. If you fail to complete any portion of this form, your disclosure request may not be processed.

Please refer to your Notice of Trial or your Offence Notice (ticket) for complete information. If you do not have the required information, please contact **Court Administration at: (905) 450-4770**

If you have any questions regarding disclosure, please contact the **Prosecutors' Office at: (905) 450-7211**

The person submitting this request acknowledges that disclosure will be sent to the facsimile number provided; as a result of requesting disclosure via facsimile, the City of Brampton provides no further guarantee as to the confidentiality of the requested disclosure once sent to the facsimile number provided.

FOR OFFICE USE ONLY (Please do not complete this portion)



Disclosure Pick-up

Date: _____

Print Name: _____

Signature: _____

Disclosure Notification

Date: _____ Initials: _____

- ☐ Called / Spoke to: _____
☐ Voicemail message
☐ Fax
☐

Comments: