



Court Services

Request for Disclosure

Defendant's Name: _____
(Surname) (Given)

Offence Number(s): _____

Offence/Charge: _____
(If speeding, what rate of speed in what speed limit zone, example 60 kph in a 40 kph zone)

Trial Date: _____

Trial Time: _____ Courtroom: _____

Officer in Charge: _____
(Badge No.)

Requested by: _____

Telephone: _____ Fax: _____

E Mail Address: _____

NOTICE TO DEFENDANT/COUNSEL/AGENT

DO NOT SUBMIT THIS FORM UNTIL YOU HAVE YOUR NOTICE OF TRIAL

Disclosure is to be used only for the charge(s) before the court and may not be used, published or disseminated for any other purpose.

You will be notified by phone when the disclosure is ready for **pick up**.

The Regional Municipality of York
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Email - 4961disclosure@york.ca Internet: www.york.ca