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DISCLOSURE REQUEST P1

DATE: _____

TO: Prosecutor, Provincial Offences

NAME OF CHARGED PERSON:

(Surname) _____ (First Name) _____

CHARGE(S)/OFFENCE(S):	**CORRESPONDING OFFENCE/TICKET NUMBER:**
1.	
2.	
3.	

OFFENCE DATE: _____ **COURT DATE:** _____
(IF KNOWN)

OFFICER & BADGE #: _____
POLICE/DETACHMENT NAME/CODE: *(IF KNOWN)* _____

FROM: **ADDRESS:** _____

PHONE #: _____ **FAX #:** _____

EMAIL: _____

I WISH TO RECEIVE DISCLOSURE:
PLEASE CHOOSE ONE FROM SELECTION BELOW

☐ By fax at the above fax number.
☐ By email at the above address.
☐ By mail at the above address.
☐ Through personal pickup at the POA office. *Note:* We will call the phone number above when Disclosure is ready.

Lawyers/Agents
Please use this form for the required information along with your usual letter outlining the disclosure information that you are requesting.

Submit completed form by email to prosecution@uclg.on.ca or fax to 613-342-8891.

****PLEASE NOTE: IF THIS IS FOR A PIII MATTER (MATTER WHERE A SUMMONS WAS ISSUED), DISCLOSURE REQUESTS SHOULD BE EMAILED TO: perdiem.gerry.mcdougall@ontario.ca**