

Application for Disclosure

Instructions

Upon receipt of your Trial Notice please complete and return this form to Norfolk County Provincial Offences office at:

- E-mail: poa@norfolkcounty.ca
- Fax: 519-427-5900
- Mail: 185 Robinson St, Suite 100, Simcoe, Ontario, N3Y 5L6

Disclosure will be mailed to the address provided on the form. To personally pick up your disclosure please provide a telephone number where you can be contacted when it is ready.

Application for Disclosure

Name of Defendant: _____

Date of next Court Appearance (dd/mm/yy): _____

Description of Offence: _____

Date of Offence (dd/mm/yy): _____

Applicant Status: Defendant Counsel/Agent

Name of Counsel/Agent: _____

Date of Application (dd/mm/yy): _____

My preferred method of receiving my disclosure is:

By mail to _____

In person, please contact me at _____ to arrange for pick-up.

Applicant Signature: _____

Office Use Only

Offence #: _____

Enforcement Agency:

Bylaw

OPP

MNR

Other: _____