



London
CANADA

REQUEST FOR DISCLOSURE

By making this request for disclosure I agree to the following:

- I confirm that the information I am providing in this form is accurate, true and is given voluntarily; and
- I acknowledge that The Corporation of the City of London (the "City") may use this information for purposes related to disclosure;

In addition, if I am requesting disclosure be provided by **email** or **fax**:

- I consent to the City sending emails at the email address I provide regarding this Provincial Offences matter;
- I acknowledge that the City does not guarantee the confidentiality of disclosure sent by fax or email;
- I assume all risk and liability associated with the use of email or fax for providing disclosure; and
- I release and hold harmless the City from any liability associated with the use of email or fax for providing disclosure.

Defendant and Charge Information

Defendant's name:

_____ (Last name)

_____ (First name)

Defendant's address:

_____ (Street and number)

_____ (City)

_____ (Province/State)

_____ (Country)

_____ (Postal Code/Zip Code)

Provincial Offence Notice Number: **2360 - 999** - _____

Date of Offence: (Year/Month/Day) _____

Charge: _____

Date of Trial or Early Resolution: (Year/Month/Day) _____

Courtroom: 101 102 103

Early Resolution Time (if applicable):

9 am

10 am

11 am

1:30 pm

2:30 pm

Identity of Requester

Choose only one:

I am the Defendant

I am licensed by the Law society and have been retained by the defendant to request and receive disclosure. My Law Society Number is: _____

I request Disclosure be provided as follows: (Choose only one)

In person at 824 Dundas St., London. When my disclosure is ready to be picked up, call phone number:

_____ Telephone number

Email my disclosure. (NOTE: To receive your disclosure by email, you **must** send this completed Request for Disclosure by email to disclosure@london.ca Disclosure will be sent to the requesting email address.)

Fax my disclosure to fax number*:

_____ Telephone number

---OFFICE USE ONLY---

DISCLOSURE PREPARED

Prepared by: _____ on _____
Initials Date

Checked by: _____ on _____
Initials Date

DISCLOSURE NOTIFICATION

Notified by: _____ on _____
Initials Date

- Called - spoke to defendant/rep
 Message left - on voicemail
 Message left with _____

DISCLOSURE PICK-UP

Provided by: _____ on _____
Initials Date

- Defendant with photo ID _____
 Lawyer/Paralegal _____
 Personal Representative _____

*Personal information contained on this form is collected under authority of the *Provincial Offences Act* and will be used in processing the request for disclosure. Questions regarding this collection should be directed to the Municipal Prosecutors' Office, 519-661-2489 x1913.