

## **APPLICATION FOR DISCLOSURE**

**Please select one:**

Status: \_\_\_\_\_ I Am The Accused Person

\_\_\_\_\_ I Am The Agent For The Accused

**Please fill out the following:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Disclosure will be emailed to this email address unless stated otherwise. Should you wish to receive the disclosure in a different way, please fill out the bottom of the application.**

Incident/Ticket Number: \_\_\_\_\_

Charge: \_\_\_\_\_

Date of Offence: \_\_\_\_\_

Next Scheduled Court Date (if known): \_\_\_\_\_

Date of Application: \_\_\_\_\_ Signature \_\_\_\_\_

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**If you wish you receive disclosure differently, please select one of the options listed below:**

**Receive Via Mail**  
Same As Above \_\_\_\_  
OR Different Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**Receive Via Fax**  
Fax Number: \_\_\_\_\_

**Receive Via Alternate Email**  
Alternate Email Address: \_\_\_\_\_

**Receive Via In Office Pick Up**  
Day Time Telephone Number: \_\_\_\_\_

**Please note, if you select the option for in office pick up, you will be contacted when disclosure is ready to be picked up.**