



## PART 1 - Disclosure Request Form

**DATE:** \_\_\_\_\_

**NAME OF DEFENDANT:** \_\_\_\_\_  
(GIVEN) (SURNAME)

**OFFENCES:** \_\_\_\_\_  
\_\_\_\_\_

**TICKET #:** \_\_\_\_\_

**OFFENCE DATE:** \_\_\_\_\_

**APPEARANCE DATE:** \_\_\_\_\_

**OFFICER IN CHARGE:** \_\_\_\_\_  
(NAME) (NUMBER) (DETACHMENT)

**REQUESTED BY:** \_\_\_\_\_  
(DEFENDANT/ COUNSEL/ AGENT)

**TELEPHONE:** \_\_\_\_\_