



## PART I - Disclosure Request Form

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

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

**ADDRESS:-** \_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

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

**EMAIL ADDRESS:-** \_\_\_\_\_