



Disclosure Request Form

Part I matters

Owen Sound and Walkerton Provincial Offences Courts

Please print and be sure to complete all sections.

Date: _____ Phone Number: _____

Name of Defendant: _____

Ticket Number(s): _____

Court Appearance Date: _____

I request disclosure for the above mentioned ticket(s).

- I am the defendant
- I have authorization to obtain disclosure on behalf of the defendant

Please forward disclosure by:

- Fax to (fax number): _____
- Email to: _____
- Mail to: _____

Provide name and full mailing address

Signature

Fax Completed Form to: (519) 376-0638

Email Completed Form to: poacourtclerks@grey.ca

OR Mail to: Provincial Offences Court
595 9th Avenue East
Owen Sound ON N4K 3E3

PLEASE NOTE: All disclosure requests must be received by this office five business days prior to the court date in order to provide sufficient time to process the request – otherwise disclosure will be provided at court. If you wish to receive your disclosure by mail your request must be submitted ten days prior to your court date to allow for processing and mailing time.

DISCLOSURE WILL BE PROVIDED ONLY ONCE. THE PACKAGE YOU RECEIVE SHOULD BE GIVEN TO YOUR LAWYER/AGENT. THERE WILL BE A CHARGE FOR ANY SUBSEQUENT REQUESTS FOR THIS DISCLOSURE WHETHER PROVIDED BY MAIL, FAX OR EMAIL.