



www.leedsgrenville.com

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AFFIDAVIT IN SUPPORT OF A REQUEST FOR REOPENING

FULL NAME: DATE OF BIRTH:

FULL ADDRESS:

FULL TELEPHONE CONTACT INFORMATION:

OFFENCE NUMBER:

(PLEASE COMPLETE 1, 2 AND 3 BELOW)

1) I WAS CONVICTED WITHOUT A HEARING ON

2) A) I WAS UNABLE TO APPEAR AT MY HEARING THROUGH NO FAULT OF MY OWN BECAUSE:

(STATE REASON)

OR

B) I DID NOT RECEIVE MY NOTICE OF TRIAL IN THE MAIL. (CHECK BOX IF APPLICABLE)

3) THE CONVICTION FIRST CAME TO MY ATTENTION ON

SWORN/AFFIRMED BEFORE ME AT: DATE:

(COMMISSIONER SIGNATURE)

(DEFENDANT SIGNATURE)

COMPLETED FORM CAN BE SUBMITTED AS FOLLOWS:

- BY EMAIL poacourt@uclg.on.ca
BY FAX 613-342-8891
IN PERSON OFFICE HOURS ARE MONDAY TO FRIDAY, 8:00 A.M. - 4:00 P.M.
BY MAIL PROVINCIAL OFFENCES OFFICE
UNITED COUNTIES OF LEEDS AND GRENVILLE
32 WALL STREET, SUITE 100
BROCKVILLE, ONTARIO
K6V 4R9

NOTE: Soon after this completed form is received, a Justice of the Peace will review your request for a reopening and make their decision. Communication will follow by mail to the address completed above.