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DISCLOSURE REQUEST

DATE: _____

To: Prosecutor, Provincial Offences

NAME OF CHARGED PERSON:

(Surname) _____ (First Name) _____

CHARGE(S)/OFFENCE(S):

CORRESPONDING OFFENCE/TICKET NUMBER:

Table with 2 columns: CHARGE(S)/OFFENCE(S) and CORRESPONDING OFFENCE/TICKET NUMBER. Rows 1, 2, 3.

OFFENCE DATE: _____ COURT DATE: _____
(IF KNOWN)

OFFICER & BADGE #: _____
POLICE/DETACHMENT (IF KNOWN) _____
NAME/CODE: _____

FROM: ADDRESS: _____
PHONE #: _____ FAX #: _____
EMAIL: _____

I WISH TO RECEIVE DISCLOSURE:

PLEASE CHOOSE ONE FROM SELECTION BELOW

- By fax at the above fax number.
By email at the above address.
By mail at the above address.
Through personal pickup at the POA office.
Note: We will call the phone number above when Disclosure is ready.

Lawyers/Agents

Please use this form for the required information along with your usual letter outlining the disclosure information that you are requesting.

Submit completed form by email to prosecution@uclg.on.ca or fax to 613-342-8891.