

Court Services

Request for Disclosure

Defendant's Name	:			
		(Surname)	(Given)	
Offence Number(s):			
Offence/Charge:				
(If speeding, v	vhat rate of speed i	n what speed limit zone, exa	ample 60 kph in a 40 kph zone)	
Trial Date:				
Trial Time:		Courtroom:		
Officer in Charge:_				
	(Name)	(Badge No.)	(YRP/OPP)	
Requested by:				
Telephone:				
Email:				

NOTICE TO DEFENDANT/ COUNSEL/ LEGAL REPRESENTATIVE

DO NOT SUBMIT THIS FORM UNTIL YOU HAVE YOUR NOTICE OF TRIAL

Disclosure is to be used only for the charge(s) before the court and may not be used, published or disseminated for any other purpose.

You will be notified by telephone when the disclosure is ready for **<u>pick up</u>**.

The Regional Municipality of York 17150 Yonge St., 2nd Floor, Newmarket, Ontario L3Y 8V3 Tel: (905) 898-8123, 1-877-331-3309 Email: 4960disclosure@york.ca Internet: www.york.ca

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