



Request for Disclosure

Defendant

Name	
Date of birth	
Mailing address	
Email address	
Phone number	
Next court date	
Offence number(s)	
Charge(s)	

I hereby request disclosure, which I will give to my agent or lawyer, if I obtain an agent or lawyer.

(signature)

(date of signature)

Agent/Lawyer

Firm	
Name	
Mailing address	
Email address	
Phone number	

(signature)

(date of signature)

Please submit completed form to:

Mail: 52 Seguin St. Parry Sound, ON P2A 1B4

Email: poacourt@townofparrysound.com

Fax: (705) 746-7461