

REQUEST FOR DISCLOSURE

MUNICIPAL PROSECUTOR
Suite 408 Chapples Building
101 North Syndicate Avenue
Thunder Bay, ON P7E 3V4
Phone: (807) 625-2413
Fax: (807) 623-5389

By making this request for disclosure, I agree to the following:

- I confirm that the information I am providing in this form is accurate, true, and is given voluntarily;
- I acknowledge that The Corporation of the City of Thunder Bay may use this information for purposes related to disclosure;
- I understand that disclosure is to be used solely for the charge(s) before the court and is not to be used, published or disseminated for any other purpose;
- If I am requesting disclosure by email, I assume all risk and liability associated with the use of email for providing disclosure.

Defendant and Charge Information

Defendant's Name:

(Last name)

(First name)

Defendant's Address:

(Street and Number)

(City)

(Province)

(Postal Code)

Provincial Offence Notice Number: 4260- _____

Date of Offence: _____

(Year/Month/Day)

Charge: _____

Enforcement Agency:

Thunder Bay Police Service OPP Other _____

Court Location: _____

Identity of Requester

Choose only one:

- I am the Defendant.
 I am licensed by the Law Society and have been retained by the defendant to request and receive disclosure.

(Paralegal/Lawyer Full Name)

I request my disclosure be provided as follows:

Choose only one:

- In person at 101 N. Syndicate Ave, Thunder Bay. When my disclosure is ready, call phone number

(Telephone Number)

- Email my disclosure. (NOTE: To receive your disclosure by email, you **MUST** send this completed Request for Disclosure by email to thunderbayPOA@thunderbay.ca Disclosure will be sent to the requesting email address.)

OFFICE USE ONLY

Disclosure Prepared

Prepared by: _____ on _____

Disclosure Notification

Notified by: _____ on _____

- Called- spoke to defendant/rep
 Message left _____

Disclosure Pick-Up

Provided by: _____ on _____

- Defendant
 Lawyer/Paralegal