



Disclosure Request Form

If you require Disclosure regarding a Provincial Offence charge(s) you must fax or mail a written request to the HKPR District Health Unit, at the following address:

Attention: Lorne Jordan

Address: 200 Rose Glen Road, Port Hope, ON L1A 3V6

Fax: 905-885-9551

If you have requested a Resolution date, a Trial Date, or have been summoned to appear in court you have the right to request disclosure (a copy of the prosecution's evidence. For example: officer's notes, police reports and statements) before your trial date by submitting the request on the back of this page to the address noted above or by fax.

Your disclosure request will be processed in due course, and will usually be mailed to you by regular mail, unless the Prosecutor contacts you directly to make alternate arrangements.



Request for Disclosure Form

Today's Date:

Offence Number:

Defendant's Name:

Defendant's Date of Birth:

Defendant's Address:

Defendant's Phone #:

E-Mail Address:

Fax:

Offence Defendant Charged With:

Date of Offence:

Officer's Name and/or Badge #:

Where Offence Occurred:

Trial Date or Resolution Meeting Date: