



Request for Disclosure

(the Prosecution's evidence)

NOTICE TO DEFENDANT/ COUNSEL/ AGENT:

Please be advised that the following information is required in full in order to process this request.

Date of Request: _____

Defendant's Name: _____
(Last name) (First name)

Defendant's Address: _____

Defendant's Date of Birth: _____

Offence Number (P.O.T. #(s)) _____

Offence Date: _____

Type of Offence (i.e. Speeding) _____

Court Date: _____

Charging Officer: _____
(Name) (Badge No.)

Disclosure Requested By: _____ Tel No: _____
(Area Code) (Phone number)

Note: Requests for disclosure by persons other than the Defendant must provide written authorization from the Defendant confirming representation. Authorization attached: Yes

Please select one (1) method for delivery of disclosure material:

Pickup from District of Muskoka office, 70 Pine Street, Bracebridge

Regular Mail – Mailing Address: _____

Facsimile: _____ (pls. provide area code & number)

E-mail Address: _____

**Return this form to: PROSECUTION OFFICE – 70 Pine Street, Bracebridge, ON P1L 1N3
(705) 645-2231 Ext. 4618**

Click to PRINT
Then Fax to (705) 645-5319

(Complete electronically prior
to printing)

Click to Submit by EMAIL to
prosecutions@muskoka.on.ca

(Complete electronically prior to
printing)