

Disclosure Request Form

Defendant

First Name		Last Name	
<input type="checkbox"/> Check this box if First Name and Last Name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your Single Name.			
Single Name			
Street Number	Street Name		Suite/Unit Number
City/Town		Province	Postal Code
Telephone Number		E-mail	

Representative

First Name	Last Name
Telephone Number	E-mail

Offence and Court Information

Officer Badge Number	Division/Unit Number	Offence Date	Offence Number
Offence			<input type="checkbox"/> Accident <input type="checkbox"/> Non – Accident <input type="checkbox"/> By-Law
Trial/Early Resolution Date	Courtroom		Time

Notice

In order for your request to be processed, you must complete the entire form. If you do not have the required information with you, it can be obtained from the Court Administration Office, poacourt@toronto.ca. All Requests require 6 to 8 weeks to be processed. You will be contacted when disclosure is available. The City of Toronto Prosecutions office may contact you via e-mail for the purposes of providing disclosure and/or resolution discussions. Information provided may form part of the court record.

Filing Instructions

For all City Of Toronto Prosecutors Offices (Old City Hall, 1530 Markham Road and 2700 Eglinton Ave) e-mail the completed form to TOPProsecutors@Toronto.ca, 416-338-4POA(4762)

Legal Services collects personal information on this form under the legal authority of the Provincial Offences Act, RSO, 1990, Chapter P.33. Section 46(2). The information is used to provide disclosure and for further communication with the defendant or their representative. Questions about this collection can be directed to the Manager of Prosecutions at the court location where the court proceeding is being heard.