APPLICATION FOR DISCLOSURE

Please	e select one:
Status	:: I Am The Accused Person
	I Am The Agent For The Accused
Please fill out the following:	
Name:	:
Addres	ss:
Phone	Number:
Email Address: Disclosure will be emailed to this email address unless stated otherwise. Should you wish to receive the disclosure in a different way, please fill out the bottom of the application.	
Incide	nt/Ticket Number:
Charge	e:
Date o	of Offence:
Next S	Scheduled Court Date (if known):
Date o	of Application: Signature
	wish you receive disclosure differently, please select one of the options listed below:
	Receive Via Mail Same As Above OR Different Mailing Address:
	Receive Via Fax Fax Number:
	Receive Via Alternate Email Alternate Email Address:
	Receive Via In Office Pick Up Day Time Telephone Number: Please note, if you select the option for in office pick up, you will be contacted when disclosure is ready to be picked up.