



**TOWN OF CALEDON**

**Prosecutor's Office**

Legal Services – Corporate Services  
6311 Old Church Road, Caledon, L7C 1J6  
Tel.: 905-584-2272 ext. 5345  
Fax: 905-584-5589

# DISCLOSURE REQUEST

**(PART 1 MATTERS ONLY)**

Processing disclosure requires a minimum of **6-8 weeks**. **FAILURE TO FULLY COMPLETE THIS FORM OR THE PROVISION OF INCORRECT INFORMATION WILL DELAY THE PROCESSING OF YOUR REQUEST.**

You will be contacted by phone or email when your disclosure is ready. Please provide clear and legible contact information. Disclosure may be picked up at 6311 Old Church Road, Caledon, ON L7C 1J6, or sent by fax where a fax number is provided. Disclosure will **NOT** be mailed out. Please visit us at [www.caledon.ca/legal](http://www.caledon.ca/legal) for further information about disclosure, or contact us at 905-584-2272 x. 5345.

<b>Name of Defendant:</b>	
<b>Phone Number:</b>	
<b>Email:</b>	
<b>Offence(s):</b>	
<b>Offence Number:</b> 0661 999 – Caledon OPP 0660 999 – Dufferin OPP, Shelburne, Orangeville	
<b>Offence Date:</b>	
<b>Officer Badge Number:</b>	
<b>Court Date:</b>  (Month/Day/Year)	or <input type="checkbox"/> No Court Date set or Court Date unknown
<b>Person Requesting Disclosure:</b>	Name: _____ Defendant ( ) Agent ( ) Counsel ( ) **Other ( )  <i>**I hereby declare that I have been authorized by the Defendant to request disclosure on his/her/its behalf.</i>
<b>6 X S S O H P H Q W</b> <i>* If this is a supplementary request, please specify what is being requested</i>	<b>D U \ 5 H T X H V W:</b>
<b>Today's Date :</b>	