Application for Disclosure

Instructions	Submission and Contact Information
Upon receipt of your Trial Notice please complete and return this form to Norfolk County Provincial Offences Office by email, mail or in-person.	**Email:** poa@norfolkcounty.ca **Mail or In-person:** 185 Robinson Street, Suite 100 Simcoe, ON N3Y 5L6 519-426-5870 Ext. 2506

Defendant Information (complete all sections)

Name	
Date of Birth (dd/mm/yyyy):	
Date of Next Court Appearance (dd/mm/yyyy):	
Description of Offence:	
Date of Offence (dd/mm/yyyy):	
Phone:	
Email:	
Address:	
Application Submitted by:	☐ Defendant ☐ Counsel / Agent

Counsel/Agent Information (If applicable)

Name of Counsel/Agent:	
Date of Application (dd/mm/yyyy):	
Phone:	
Email:	
Address:	

Note: The default communication method for Court Operations is email. Disclosure will be provided to the counsel or agent only, if applicable.

Applicant Signature:	
Date:	