



Application for Disclosure

Provincial Offences Office
185 Robinson Street, Suite 100
Simcoe, ON N3Y 5L6
519-426-5870 Ext. 2506
poa@norfolkcounty.ca

Accessible formats and communication supports available upon request

Application for Disclosure

Name of Defendant: _____

Date of Birth (dd/mm/yyyy): _____

Date of Next Court Appearance (dd/mm/yyyy): _____

Description of Offence: _____

Date of Offence (dd/mm/yyyy): _____

Applicant Status: Defendant Counsel / Agent

Name of Counsel/Agent: _____

Date of Application (dd/mm/yyyy): _____

My preferred method of receiving my disclosure is:

By mail to: _____

In person, please contact me at _____ to arrange for pick-up.

By e-mail: _____

Applicant Signature: _____

For Office Use Only:

Offence #: _____

Enforcement Agency: Bylaw OPP MNR Other: _____

Completed application forms must be submitted to: poa@norfolkcounty.ca