

To obtain disclosure, please complete the information below and deliver the request by email to poadisclosure@niagararegion.ca or in person at the Provincial Offences Court, 445 East Main Street, Welland - Attention: Prosecution Coordinator.

Defendant Information

Name: _____

Address: _____

City: _____

Province: _____

Postal code: _____

Home phone: _____

Cell phone: _____

Work number: _____

Email: _____

Charge Information

Ticket Number: _____

Date of Offence: _____

Charge: _____

Trial date: _____

Time: _____

Court Location:

445 East Main St., Welland
W101 W102

W103

71 King St., St. Catharines

Delivery Request:

Email my disclosure to the email address noted above

Call me to arrange a pick up at 445 East Main St., Welland

I confirm that the information set out above is provided voluntarily, is true and correct. I acknowledge that the Niagara Region may use this information to complete my request and/or for any other purpose in the future. I consent to the Niagara Region sending me emails regarding my current and/or future Provincial Offences case(s). I understand that email is not guaranteed to be a secure or confidential method of communication and I assume any risk associated with corresponding by email.

Signature: _____

Date: _____