

Request for Disclosure: Self-represented Accused

I am requesting disclosure on the following matter:

Name of the Accused:
LAST NAME FIRST NAME MIDDLE

Date of Birth: Year Month Day

Docket/Ticket Number(s):

Charges:

Next Court Date: Month Day Year Court Room

Contact Information:

Phone Number:

Important Notes:

Please submit your request in person, via e-mail to **Edmonton.Disclosure.Request@gov.ab.ca** or by fax to **780-422-9756**. You may pick up your disclosure (in person or by a person with a letter of authorization signed by you) from the Crown Prosecutor's Office located at 10365 - 97 Street, 6th Floor between the hours of 8:15 a.m. - 4:00 p.m., Monday to Friday (closed between 12:00 p.m. and 1:00 p.m.).

PRINTED NAME

Signature of Applicant

Date of Request