



Hamilton Police Service

REQUEST FOR CRIMINAL FILE CLOSURE

REQUEST DATE	Y Y M M D D
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SURNAME	FIRST NAME	MIDDLE NAME(S)
MAIDEN NAME	OTHER NAMES USED (IF APPLICABLE)	
CURRENT ADDRESS (NUMBER, STREET, APT / UNIT, MUNICIPALITY, POSTAL CODE)		D O B
		APPLICANT PHONE
APPLICANT WISHES TO BE CONTACTED: <input type="checkbox"/> YES <input type="checkbox"/> NO		APPLICANT WISHES CONTACT IN WRITING: <input type="checkbox"/> YES <input type="checkbox"/> NO

FILE CLOSURE FEES ARE NON-REFUNDABLE CLOSURE OF FILE IS NOT GUARANTEED

SIGNATURE OF APPLICANT	
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IF YOU REQUIRE FURTHER INFORMATION, CONTACT THE RECORDS BRANCH, FILE CLOSURE CLERK AT 905-540-5604.
NOTE: CRIMINAL FILES THAT QUALIFY FOR CLOSURE COULD TAKE APPROXIMATELY ONE YEAR TO PROCESS.

<u>\$35.00 FEE PAYABLE WITH APPLICATION</u>	
DISMISSED, WITHDRAWN, NOT GUILTY	30 DAY APPEAL PERIOD
STAYED	1 YEAR APPEAL PERIOD
WITHDRAWN - PEACE BOND	UPON COMPLETION OF PEACE BOND
<u>NO CHARGE</u>	
ABSOLUTE DISCHARGE	1 YEAR FROM DATE OF DISPOSITION
CONDITIONAL DISCHARGE	3 YEARS FROM DATE OF DISPOSITION
WITHDRAWN BY DIVERSION	2 YEARS FROM DATE OF DISPOSITION
ACQUITTED	30 DAYS FROM DATE OF DISPOSITION

OFFICE USE ONLY						
ID #	FPS #	HPS #				
APPLICANT HAS SIGNED "ACCESS TO CRIMINAL FILE FORM" _____						
COPY TO APPLICANT	PERS Q	CNI	FPS	CRII	CONSTABLE	