



# 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:			APPLICANT WISHES CONTACT IN WRITING:		
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		

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

<b>SIGNATURE OF APPLICANT</b>	
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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.

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DISMISSED, WITHDRAWN, NOT GUILTY .....	30 DAY APPEAL PERIOD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WITHDRAWN - PEACE BOND .....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WITHDRAWN BY DIVERSION .....	2 YEARS FROM DATE OF DISPOSITION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