



# 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, POSTALCODE)				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	
APPLICANT WISHES CONTACT VIA EMAIL:		<input type="checkbox"/> YES <input type="checkbox"/> NO		EMAIL ADDRESS	

## 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DISMISSED, WITHDRAWN .....	30 DAY APPEAL PERIOD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WITHDRAWN - PEACE BOND .....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WITHDRAWN BY DIVERSION .....	2 YEARS FROM DATE OF DISPOSITION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 / FOUND NOT GUILTY .....	30 DAYS FROM DATE OF DISPOSITION
PLED TO PROVINCIAL CHARGES (i.e. HTA) .....	30 DAYS FROM DATE OF DISPOSITION

<b>OFFICE USE ONLY</b>					
ID # _____	FPS # _____	HPS # _____			
COPY TO APPLICANT _____	PERS Q _____	CNI _____	FPS _____	CRII _____	CONSTABLE _____