
(Name of defendant in block letters)

(Date of birth - DD/MM/YY)

(File number – one application form per file)

(Date of sentence)

(Name of applicant in block letters if different of defendant)

(Applicant's phone number)

(Complete address of applicant)

Request to the Clerk of the Court to make inaccessible all information contained in computerized Court registers concerning the above-mentioned file. The information concerning the file(s) in question will remain public and that the computerized records of the Municipal Court of Ville de Montréal will remain intact.

(Applicant's signature)

Date :

Reserved to the clerk of the Court

- | | |
|---|--|
| <input type="checkbox"/> 1. Acquittal except for verdict of not criminally responsible on account of mental disorder
(2 months following expiry of delay of appeal or 3 months following expiry of appeal proceedings). | <input type="checkbox"/> 6. Conditional discharge
(3 years following the date of the order of discharge). |
| <input type="checkbox"/> 2. Accusation rejected or withdrawn
(1 year following the date of rejection or withdrawal). | <input type="checkbox"/> 7. Absolute discharge following a verdict of not criminally responsible on account of mental disorder
(1 year following the date of the decision). |
| <input type="checkbox"/> 3. Suspended accusation or without disposition
(1 year following the date of the stay of proceedings). | <input type="checkbox"/> 8. Liberation with-standing the conditions indicated by the Court or the Review Board following a verdict of not criminally responsible on account of mental disorder (3 years following the date of the Court order). |
| <input type="checkbox"/> 4. Liberation following a preliminary inquiry or on defense of autrefois acquit or autrefois convict
(1 year following the date of liberation). | <input type="checkbox"/> 9. Recognition to keep the peace, section 810 C.cr.
(1 year following the end of the recognition). |
| <input type="checkbox"/> 5. Absolute discharge
(1 year following the date of the order of discharge). | |

☐ I have verified the above-mentioned file and the reasons supporting the request are correct.

☐ **This request is granted.**

Clerk, Deputy-Clerk or authorized person.

Date: _____

☐ **This request is refused.**

Reasons _____

Clerk, Deputy-Clerk or authorized person.

Date: _____