



# REQUEST FOR WAIVER

CANADA  
Province of Alberta

F.P.S. Number (if known)

To: Crown Counsel Office  
At:

Custody Location (if applicable)

Probable date of release from custody

REGINA VS. \_\_\_\_\_

This is to request that the following charges, outstanding, be waived for \_\_\_\_\_  
NAME OF TOWN/CITY & PROVINCE  
 for the purpose of entering a guilty plea. New appearance date at \_\_\_\_\_ M  
DATE  
 To Accused: Before attending to enter your guilty plea, confirm the appearance date with the reality of the location where the plea is to be entered. The onus remains on you to ascertain the date, time and place for your appearance in the location to which the charges have been waived. Failure to appear on time at that place may result in your arrest and in additional charges being laid.

LOCATION OF OFFENCE (TOWN/CITY & PROVINCE)	DATE OF OFFENCE	OFFENCE	SECTION

I have been informed and understand that charges may only be waived for the purpose of entering a guilty plea.

WITNESS: \_\_\_\_\_  
 Approved by Crown Counsel (sending office): \_\_\_\_\_  
CROWN COUNSEL

NAME	DATE:	
ADDRESS	BUSINESS PHONE	HOME PHONE
PLACE OF EMPLOYMENT	DATE OF BIRTH	

CROWN NOTES (SENDING OFFICE): Communicated with Crown Counsel \_\_\_\_\_ in other location.  
(PLEASE PRINT)

Special arrangement YES  NO  Specify: \_\_\_\_\_

Crown file sent to receiving office on \_\_\_\_\_

Circumstances given to \_\_\_\_\_ at receiving office

by \_\_\_\_\_ for swearing second information on \_\_\_\_\_