

Request for Waiver

Canada: Province of British Columbia

FROM: []

TO: [] Crown Counsel Office []
At:

Custody Location (if applicable)

Probable date of release from custody

F.P.S. Number (if known)

Aliases

accused / young person's name

date of birth

date of request

mailing address

street address

home phone

city

province

business phone

fax

place of employment

postal code

counsel's name

This is a request that the following charge(s) described below be waived to: provincial court _____ Provincial Court,
at address _____ phone _____ for the purpose of entering a guilty plea(s).

Appearance date: date _____, at Time _____

Notice to Accused/Young Person: If no appearance date is indicated above, a copy of this form will be mailed to you at your address, or faxed to the number you provided, with the appearance date completed. Before attending, at the court to enter your guilty plea(s), **you must confirm the appearance date with the registry at the location where you intend to plead guilty.** Failure to appear on time at that place may result in your arrest and in additional charges being laid.

NOTE: Charges which arise under a provincial enactment CANNOT be waived to another province/territory for a guilty plea.

File #	Location of offence	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(s) and with the approval of Crown Counsel in the originating location.

[]

Signature of Witness

[]

Signature of Accused / Young Person

Approved by Crown Counsel at originating location at requesting location on behalf of originating location:

Name of Crown Counsel approving

[]

Signature of Crown Counsel / or on behalf of originating Crown

CROWN NOTES (ORIGINATING OFFICE): Communicated with Crown Counsel
name _____ in other location.

Special arrangement YES NO Specify: _____

Crown file sent to receiving office on _____.

Circumstances given to _____ at receiving office

by _____ for swearing second information on _____

URGENT - SEND BY FAX

OUTSTANDING WARRANT

Request for Waiver

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city _____ province _____

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Signature of Witness

Signature of Accused / Young Person

Approved by Crown Counsel at originating location at requesting location on behalf of originating location:

Name of Crown Counsel approving _____

Signature of Crown Counsel / or on behalf of originating Crown

NOTICE TO POLICE: Please ensure that CPIC is reviewed in order to remove warrants relating to the above-mentioned charges. In their place should be:

Police case / file number _____

“waived to _____, B.C.,

charged Section _____ C.C.C.”

URGENT – SEND BY FAX

**RETURN THE WARRANT(S) TO THE ORIGINATING COURT REGISTRY,
ALONG WITH THIS FORM.**

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FROM:

TO: Crown Counsel Office

accused / young person's name

mailing address

city province

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Name of Crown Counsel approving

Signature of Crown Counsel / or on behalf of originating Crown

NOTICE TO CROWN COUNSEL (RECEIVING OFFICE): Upon disposition, please indicate the disposition and send a copy of this form to: 1. Crown Counsel originating office; 2. Investigating police force.

Disposition:

In the event of failure to appear or refusal to plead, please return the file to the originating location.

- Accused failed to appear
- Accused refused to plead
- URGENT – SEND BY FAX**
- Warrant to be re-activated
- New Warrant Issued

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mailing address _____

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Signature of Witness

Signature of Accused / Young Person

Approved by Crown Counsel at originating location at requesting location on behalf of originating location:

Name of Crown Counsel approving _____

Signature of Crown Counsel / or on behalf of originating Crown

NOTICE TO THE ACCUSED/YOUNG PERSON:

It is **your responsibility** to ascertain the date, time and place for your appearance in the location to which the charges have been waived. If Crown Counsel does not approve the waiver, you must appear at the next scheduled date at the original court.

If you have counsel, it is your responsibility to notify him/her of any appearance date.

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at address phone **for the purpose of entering a guilty plea(s).**

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Signature of Witness

Signature of Accused / Young Person

Approved by Crown Counsel at originating location at requesting location on behalf of originating location:

Name of Crown Counsel approving

Signature of Crown Counsel / or on behalf of originating Crown

NOTICE TO COURT REGISTRY (ORIGINATING LOCATION): Please forward the information(s) and files relating to the above-mentioned charges to the location at which the guilty pleas will be entered

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Approved by Crown Counsel at originating location at requesting location on behalf of originating location:

Name of Crown Counsel approving

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NOTICE TO COURT REGISTRY (RECEIVING LOCATION): Crown Counsel has approved the request of the accused/ young person that the above mentioned charges be waived to your location for the purpose of entering a guilty plea.

URGENT – SEND BY FAX

Enclosed: Information File Contents Cheque O/S Warrant O/S POR/CFC Order

Other: _____

Accused failed to appear

File returned to originating location

Accused refused to plead

New Warrant issued and attached