

No.

DEFENDANT

PROSECUTOR

Record No.:

I have reasonable grounds to believe that the defendant has committed the following offence:

(N.B. The minimum sentence is indicated after the description of the offence.)

<input type="checkbox"/> Criminal and penal prosecuting attorney, or <input type="checkbox"/> Person authorized by the prosecutor (Indicate quality)	Signature	Date
Date of service of statement	<input type="checkbox"/> Bailiff	<input type="checkbox"/> Peace officer
When served by mail, the date indicated on the notice of receipt or delivery or the date indicated on the envelope.	OR	The following when served by: <input type="text"/> Date <input type="text"/> Time

**REQUEST FOR SENTENCE**

Sentence:                      + Costs:                      + Contribution:                      = Total amount

Grounds for a greater sentence than the minimum sentence:

If a greater sentence than the minimum sentence is requested and if the defendant transmits a plea of guilty but contests the greater sentence requested, he is not required to transmit the whole amount of the fine and costs requested.

Identification of the prosecutor

**PLEA OF GUILTY  
OR NOT GUILTY**  
(See instructions on back)

▲ Detach here and return to the address indicated on back.

To the offence described in statement No.

,I, the undersigned, plead:

- Guilty;**
- Guilty**, but I contest the greater sentence requested;
- No guilty.**

Signature of defendant (For legal person, see back)	Date	Quality
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•AC-128A (93-07)                      If address has changed, indicate new address \_\_\_\_\_