## APPLICATION FOR TRANSFER OF CRIMINAL CHARGES <u>Within Prince Edward Island</u>

NAME:			Date of Birth		
ADDRESS:			Phone:_	(Month/Day/Year)	
COUNSEL:					
TAKE NOTICE t	hat I,		, hereby	make application to	
_	Criminal Code charge(s	s)			
Section	Place Committed		Case Number		
			(See over Box 'A	A' additional charges)	
		etown South own side	o the Court in	<ul><li>□ Charlottetown North</li><li>□ Charlottetown South</li><li>□ Georgetown</li><li>□ Summerside</li></ul>	
Section Section	Place Committed	_	Number	Next Appearance (Month/Day/Year/Time)	
		_			
		_			
			(See over Box 'B'	additional charges)	
I hereby consent to	plead guilty to the charg	ge(s) upon trans	sfer.		
Dated this da	ny of	, 20			
Witness		Signature of Accused			
The Crown is awar	re of this application and	does not oppos	se the transfer.		
Dated this day	of,	20,			
Provincial Crown Attorney		Feder	Federal Crown Attorney		

## **Additional Charges to be transferred: Place Committed: Case Number: Section:** □ **'B' EXISTING Additional Charges: Place Committed: Case Number: Section:**