

**CANADA  
PROVINCE OF QUEBEC  
DISTRICT OF BEAUHARNOIS**

Statement of offense number(s) :\*

File number(s) :\*

Prosecution

**C.**

Defendant :\*

\* Mandatory fields

\* If one of the mandatory fields is missing, your request cannot be processed and will be refused. The same applies if the contact details provided are invalid or if it is impossible for Prosecution to contact you upon receipt of your request.

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**APPLICATION FOR A POSTPONEMENT**

**PARTY REQUESTING POSTPONEMENT:**

Prosecution

Defendant

Address : \*

Phone number : \*

Email : \*

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**STATUS OF THE FILE**

Date of the trial : \*

Time : \*

Date(s) of offense :\*

Nature of the offense :\*

Interpreter assigned :\*

Yes

No

Grounds to request a postponement :\*

**You hereby acknowledge that you have waived the right to invoke the delays caused by the present request.**

Applicant's name : \*

Date : \*

CONSENT OF THE OPPOSING PARTY :

YES

NO

Grounds for refusal :

Signature

Date

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JUDGE'S DECISION :

Granted

Refused

Dispenses defendant, his/her lawyer from being present

With costs

Incomplete application

Orders that all assigned witnesses be dismissed

Without costs

Orders the dismissal of interpreter

Orders defendant, and/or his/her lawyer to be present

Judge

Date

**Please send your form to the regional municipal court email address at [cmrvs@mrcvs.ca](mailto:cmrvs@mrcvs.ca).**