



**SAMPLE WAIVER**

**CANADA**

**PROVINCE OF NEW BRUNSWICK**

**IN THE PROVINCIAL COURT OF NEW BRUNSWICK (or)  
IN THE COURT OF QUEEN’S BENCH – TRIAL DIVISION**

**BETWEEN:**

**HER MAJESTY THE QUEEN**

**and**

**WAIVER**

I, (Witness’ Name) \_\_\_\_\_, of the City of \_\_\_\_\_, in the Province of \_\_\_\_\_, being a person over the age of fourteen (14) years, state as follows:

I am aware of the existence of the following record(s) that contains personal information about me:

- Medical \_\_\_\_\_ (initial)
- Psychiatric \_\_\_\_\_ (initial)
- Therapeutic \_\_\_\_\_ (initial)
- Counseling \_\_\_\_\_ (initial)
- Education \_\_\_\_\_ (initial)
- Employment \_\_\_\_\_ (initial)
- Child Welfare \_\_\_\_\_ (initial)
- Adoption \_\_\_\_\_ (initial)
- Social Services \_\_\_\_\_ (initial)
- Other \_\_\_\_\_ (initial)

I have been informed that Public Prosecution Services is in possession or control of the above noted record(s) in which I have a reasonable expectation of privacy;

I have been informed and am aware that I am under no obligation to agree to release the above noted record(s) to the accused and that the issue of production of the above noted record(s) can be determined by the trial judge assigned to this case;

I have been informed and am aware that I am entitled to seek independent legal advice;

Having given full consideration to the above, I hereby waive the application of sections 278.1 to 278.91 of the *Criminal Code* in relation to the above noted record(s).

Signed in the City of \_\_\_\_\_ in the Province of \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Witness' Signature)