

PROVINCIAL COURT

BETWEEN:

HER MAJESTY THE QUEEN

(applicant or respondent)

-and-

(applicant or respondent)

NOTICE OF APPLICATION

*(set out name and address, phone number,
fax number and/or e-mail address if applicable)*

PROVINCIAL COURT

BETWEEN:

HER MAJESTY THE QUEEN

(applicant or respondent)

-and-

(applicant or respondent)

NOTICE OF APPLICATION

APPLICATION HEARING:

Application First Returnable Date and Time:

Court Address:

Courtroom Number:

THE CHARGES TO WHICH THIS APPLICATION RELATE ARE: *(provide sufficient information to identify the charges to which this application relates, (for example: assault, breach of probation, dd/mm/yy), which may include attaching a photocopy of the relevant Information(s))*

THE RELIEF SOUGHT IS: *(Briefly state why you are bringing the application. For example, "This is an application for an order adjourning the trial"; "This is an application for an order requiring the Crown to disclose specified documents"; "This is an application for an order staying the charge for delay"; or "This is an application for an order abridging (or extending) the time for service of the Notice of Application")*

THE GROUNDS FOR THIS APPLICATION ARE: *(Briefly list the grounds you rely on in support of this application. For example, "I require an adjournment because I am scheduled to have a medical operation the day the trial is scheduled to start"; "The disclosure provided by the Crown does not include the police notes taken at the scene"; "There has been unreasonable delay since the laying of the charge that has caused the accused prejudice"; or "My witness is unavailable on the scheduled trial date").*

DETAILED STATEMENT OF SPECIFIC FACTUAL BASIS FOR THE APPLICATION:

STATUTORY PROVISIONS OR PRACTICE DIRECTIVES UPON WHICH THE APPLICANT RELIES ARE: *(if applicable)*

IN SUPPORT OF THIS APPLICATION, THE APPLICANT ANTICIPATES RELYING ON THE FOLLOWING MATERIALS: *(specify which are applicable by putting a check mark beside the item(s))*

- Transcripts
- Affidavit(s)
- Case law
- Oral Testimony *(list witnesses to be called at hearing of application)*
- Other *(please specify)*

THE APPLICANT MAY BE SERVED WITH DOCUMENTS IN RESPONSE TO THIS APPLICATION IN ACCORDANCE WITH PRACTICE DIRECTIVE 5 AS FOLLOWS: *(specify address, including fax number and/or e-mail address if applicable)*

JUDGE _____ IS SEIZED OF THE PROCEEDINGS TO WHICH THIS APPLICATION RELATES *(if applicable)*

THE TRIAL OR PRELIMINARY INQUIRY OF THIS MATTER IS SET TO PROCEED ON THE FOLLOWING DATE(S): *(if applicable)*

Dated at _____ this _____ day of _____, 20__

Signature of applicant or counsel

(set out name and address, phone number, fax number and/or e-mail address if applicable)