

**NOVA SCOTIA COURT OF APPEAL**

**BETWEEN:**

Appellant

- and -

Respondent

**NOTICE OF MOTION**

TAKE NOTICE that the Appellant will make a motion for the appointment of state-funded counsel in this child protection appeal in Court of Appeal Chambers on Thursday, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at the hour of 10:00 AM at The Law Courts, 1815 Upper Water Street, Halifax, Nova Scotia.

You have the right to be present or represented by counsel. If you are not present or represented, the judge may proceed without you.

In support of my motion I have filed an Affidavit.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Appellant  
(Print and sign your name)

TO: The Respondent (s)