

PERSONAL REPRESENTATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: (home) _____ (work) _____

I AM THE: ___ PLAINTIFF ___ DEFENDANT

CASE NAME: _____

FILE NUMBER: _____ TODAY'S DATE _____

ACKNOWLEDGEMENT

(initials) *I have been advised by the staff of the Prothonotary's Office to seek legal advice from a qualified member of the Nova Scotia Bar Society.*

(initials) *I understand that if I do not obtain legal counsel that there are risks involved in pursuing a court action without legal representation.*

(initials) *I do not hold the Prothonotary's office responsible for any of the documentation or information I received while filing this action on my own.*

(initials) *I have been given the phone number for Nova Scotia Legal Aid, Halifax 420-6583 ; Dalhousie Legal Aid Service 423-8105; the Lawyer Referral Service and Legal Information Society of Nova Scotia (455-3135) and have been advised of the services provided by each.*

Please Note: *The information on this form is required for all self-represented individuals before Nova Scotia Supreme Court and Nova Scotia Court of Appeal.*