

CANADA
PROVINCE OF NOVA SCOTIA

[CR No.

Form C
]

SUPREME COURT OF NOVA SCOTIA

Her Majesty the Queen

vs.

Print your name

Affidavit for ROWBOTHAM COUNSEL

I, _____ of _____, Nova

Scotia hereby make oath and say/affirm as follows:

- 1) THAT I am the Defendant in this proceeding and make this affidavit in support of my application for *Rowbotham* counsel.
- 2) THAT my application for Legal Aid was denied.
- 3) THAT my appeal of the original decision by Legal Aid was also denied.
- 4) THAT my income and expenses are such that I am unable to afford a lawyer on my own, as detailed below (*please attach pay stubs, tax returns, credit reports, listings of bank accounts or investment holdings, credit applications, employment history, proof of any union memberships and any other form or receipt that can prove these amounts*):

Income:

- Annual salary after deductions: _____
- I receive social assistance (*check one*) YES NO
- Other sources of income (*please specify*):

TOTAL Yearly Income: _____

Expenses:

- Rent/mortgage per year _____
- Utilities per year _____
- Childcare per year _____
- Food per year _____
- Clothing per year _____
- Transportation per year _____
- Debt payments per year _____
- Child/spousal support per year _____
- Other (*please specify*) _____

TOTAL Yearly Expenses: _____

Assets:

- Cash/Savings _____
- Stocks/Shares/Bonds/RRSP's/etc... _____
- Accounts receivable (*money owed to you*) _____
- Property real estate _____
- Vehicles (*specify make and model*) _____

- Business assets _____
- Other (*please specify*) _____

TOTAL Assets _____

5) THAT I believe the case against me is complex because (*please include details about the evidence against you, any applications to exclude evidence based on violations of your Charter rights, etc.*):

6) THAT my level of education is (*please provide details of grades or degrees completed*):

7) THAT my knowledge of the Court process is (*please provide details*):

8) THAT I have special circumstances relating to my physical and /or mental health that I would like the Court to consider (*please provide details*):

9) THAT I will not be able to have a fair trial without a lawyer because (*please provide details. You do not need to repeat information you have provided in other paragraphs*):

10) THAT (provide any other information you would like the judge to consider in determining your application. Include as many other paragraphs as needed. Number each new paragraph. Attach separate sheet if required.)

Sworn/Affirmed before me

On _____

At _____

 Signature of lawyer or commissioner of
 Oaths)

(Your signature)

Send to: (Your original completed version of this form and all original attached documents must be submitted to the court. You should make a copy of this notice and all attached documents for yourself. A copy of this notice, with copies of any attachments, must also be sent to each of the following two places by either fax or mail:)

Attorney General of Nova Scotia

1690 Hollis Street

P.O. Box 7

Halifax, NS B3J 2L6

Note: All applications must be sent to this address

Attorney General of Canada

Suite 1400, Duke Tower

5251 Duke Street

Halifax, NS B3J 1P3

Note: Only send to the address above if you are charged with a Federal criminal offence. If you are not sure, the prosecutor, judge or another lawyer can tell you if you are charged with a Federal criminal offence.