

CANADA
PROVINCE OF NOVA SCOTIA

[CR No.

Form A
]

SUPREME COURT OF NOVA SCOTIA

Her Majesty the Queen

vs.

Print your name

Notice of Application for ROWBOTHAM COUNSEL

1) Application Hearing

Application hearing date: _____

Time: _____

Court Address: The Law Courts
 1815 Upper Water Street
 Halifax, NS B3J 1S7
 [change if different court]

2) List Charges

I make a *Rowbotham* application for the following charge(s): *(List below all charges for which you seek a lawyer)*

3) Next Scheduled Court Date *(example: trial date, set date, pre-trial meeting)*

_____ at _____ in _____, Nova Scotia
(Month/Day/Year) (Time) (City/Town)

4) Name of party bringing application

(Print your name)

5) Check only one of the two boxes below:

- I am appearing in person. My address, telephone number(s), fax or e-mail for service is as follows:

Address:

Telephone Number(s): _____

Fax Number:

Email:

- I have a legal representative that will be appearing. The address, telephone number(s), fax or email for service of my legal representative is as follows:

Address: _____

Telephone Number(s):__

Fax Number:

Email:

6) Statement of what is being requested

Take notice that I make application to obtain a *Rowbotham* lawyer.

7) Reasons for the Request

The reasons for this application are: *(Check the box of any reasons that apply to you. You can check more than one.)*

- I have been denied Legal Aid. I have appealed that decision and my appeal has also been denied.
 - I have no money to hire a lawyer.
 - I do not feel capable of representing myself in this matter.
 - I believe this is a complex matter.

 - Other, please explain
-
-
-

8) Facts supporting the request

9) Indicate below other materials or evidence you will rely on in the application

- Letter from NS Legal Aid to confirm I have been denied Legal Aid.
- Letter from NS Legal Aid to confirm that my Legal Aid appeal has been denied.
- Transcripts.
- Brief statement of legal argument.
- Affidavit(s)
- Case law
- Oral testimony (List any witnesses you will call at your application hearing)

Other (*Please specify*)

(Date) *(Your signature or your lawyer's signature)*

10) 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 Attorney General of Canada address 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.