

Form A

(Section 2 of the Small Claims Court Residential Tenancies Appeal Regulations)

For Court Use Only**Claim No:** _____Will this matter take
longer than 2 hours?☐ Yes ☐ No**Notice of Appeal
From an Order of the Director of Residential Tenancies****Appellant(s):** ☐ Landlord ☐ Tenant**Name:** _____**Address:** _____**Postal Code:** _____ **Phone:** _____ **Email:** _____**Respondent(s):** ☐ Landlord ☐ Tenant**Name:** _____**Address:** _____**Postal Code:** _____ **Phone:** _____ **Email:** _____I, the Appellant, appeal the Order of the Director dated _____, 20. **My reason(s) for this appeal is:**_____

(If you need more space, attach another sheet of paper.)

Date

Appellant(s) Signature

To be filled in by the Clerk of the Small Claims Court:Appellant, serve this appeal on both the **Respondent(s)** and the **Director** within _____ days of _____, 20_____.

Date of hearing: _____, 20 _____. Time of hearing: _____ pm.

Place of hearing: _____.

Clerk of the Small Claims Court

Appellant: Personally serve a copy of the Notice of Appeal on both the Respondent and the Director of Residential Tenancies.**Appellant / Respondent:** An appeal from a Residential Tenancies Director's Order is a **brand-new hearing**. You must present **all arguments and evidence** at the appeal hearing. Include any new evidence not presented at the original Residential Tenancy hearing.**Respondent:** If you do not attend the hearing, the Adjudicator may issue an order in your absence.

Notice of Appeal from an Order of the Director of Residential Tenancies

Claim # _____

County: _____

Between:

Appellant: _____
and

Respondent: _____

Affidavit of Service to Respondent

I swear that I served the Respondent at the following time and place by leaving a copy of the Notice of Appeal with them personally:

Date: _____ day of _____, 20____

Time: _____ in the ☐ am ☐ pm

Name of Respondent: _____

Place of delivery: _____

Residential Tenancies case number: _____

Date Notice of Appeal issued by Small Claims Court: _____, 20____

Sworn/Affirmed before me at: _____

in the county of _____

on _____, 20____

Signature

A Commissioner of the Supreme Court of Nova Scotia,
Clerk of the Small Claims Court

Notice of Appeal from an Order of the Director of Residential Tenancies Claim # _____
County: _____

Between:

Appellant: _____
and

Respondent: _____

Affidavit of Service to Director

I swear that I served the Director at the following time and place by leaving a copy of the Notice of Appeal:

Date: _____, 20____

Time: _____ in the ☐ am ☐ pm

Place of delivery: _____

Residential Tenancies case number: _____

Date Notice of Appeal issued by Small Claims Court: _____, 20____

Sworn/Affirmed before me at: _____

in the county of _____

on _____, 20____

Signature

A Commissioner of the Supreme Court of Nova Scotia,
Clerk of the Small Claims Court