20		C.A. No.	
Nova Scotia C	ourt of Appe	al	
Between:			
[name]		Appellant	
ar	nd		
[name]		Respondent	
Notice of App	oeal (Genera	1)	
To: [name and address of each respondent]			
Appellant appeals The appellant appeals from the judgment dated tribunal] [state whether the whole or only part, a being appealed from] in the proceedings in the number [insert trial court file number] made by	[name of co	urt or tribunal] showing co	ision is ourt
Order or decision appealed from The [order/decision] was made on Nova Scotia.	, 20	. It was made at	,
Grounds of appeal The grounds of appeal are			
(1) [state grounds completely and concisely]			
(2)			

Form 90.06

(3)

### **Authority for appeal**

[include list of legislation relied on]

## **Order requested**

The appellant says that the court should allow the appeal and that the judgment appealed from be [reversed/rescinded/varied] and [describe requested relief] .

#### Motion for date and directions

The appeal will be heard on a time and date to be set by a judge of the Court of Appeal. The appellant must not more than eighty days after the date this notice is filed, make a motion to a judge of the Court of Appeal to set that time and date and give directions. You will be notified of the motion.

#### **Contact information**

The appellant designates the following address:

Documents delivered to this address will be considered received by the appellant on delivery. Further contact information is available to each party through the prothonotary.

# **Signature**

Signed , 20

Signature of appellant Print name:

OR

Signature of counsel [name] as counsel for [name]

I certify that this notice of appeal was filed with the court on , 20 .

[if available attach copy of judgment and order appealed from]