

NOTICE OF APPLICATION FOR ADJOURNMENT PROVINCIAL OFFENCES COURT

Name of Defendant: _____

Information/Ticket No.: _____

Charges Under Section: _____

Original Trial Date: _____ Location/Time: _____

Date Application to be Heard: _____ Time: _____
(court date to hear application)

Take Notice that _____ will apply to the Presiding
(name of person making application)

Justice of the Peace in the Provincial Offences Court at _____
(location of court that is hearing application)

for an adjournment of the above matter on the grounds that:
(state reason why you cannot make court appearance)

AND FURTHER TAKE NOTICE THAT your attendance is required at the hearing of this application. AND FURTHER THAT no other notice of any future court date will be sent to you.

Date filed with Court: _____
(must be 3 full working days prior to date of motion to be heard)

Defendant's signature

COPIES TO:

Prosecutor
fax # 807-623-5389
(phone 807-625-3990)

&

Court Services Office
fax # 807-623-7751
(phone 807-625-2999)

PLEASE NOTE THAT IT IS YOUR RESPONSIBILITY TO CALL THE COURT OFFICE TO INQUIRE WHETHER OR NOT YOUR APPLICATION WAS GRANTED AND TO OBTAIN YOUR NEW COURT DATE.

Application: GRANTED DENIED

Date Adjourned to: _____
Justice of the Peace