

**NOTICE OF APPLICATION FOR ADJOURNMENT**  
**PROVINCIAL OFFENCES COURT**

**Name of Defendant:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Information/Ticket No.:** \_\_\_\_\_

**Charges Under Section:** \_\_\_\_\_

**Original Trial Date:** \_\_\_\_\_ **Location/Time:** \_\_\_\_\_

**Date this Application for Adjournment 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 application to be heard)

\_\_\_\_\_  
Defendant's signature

**COPIES TO:** Prosecutor **AND** Court Services Office  
Fax #: 807-623-5389 Fax #: 807-623-7751  
(Phone #: 807-625-3990) (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.**

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Application: GRANTED  DENIED

Date Adjourned to: \_\_\_\_\_  
Justice of the Peace