FORM D

COURT FILE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COURT OF KING’S BENCH FOR SASKATCHEWAN

JUDICIAL CENTRE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HIS MAJESTY THE KING V \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICATION BY SELF-REPRESENTED ACCUSED TO EXAMINE

OR COPY JUROR INFORMATION AND/OR THE JURY LIST

TO: The Presiding Judge

I am the accused in this matter and not represented by a lawyer.

I request that *(select the type of order sought)*:

□ I be permitted to examine the following documents in the possession of the sheriff respecting the jury summoned in this matter including:

□ list of names received from the Inspector of Court Offices to whom summons could be sent

□ list of names of individuals who were sent summons

□ juror information returns completed and returned to the sheriff

□ list of names of persons who were sent reminder letters to complete and return the jury summons

□ all applications for relief from jury service and documents provided in support, and/or

□ all responses to requests for relief from jury service.

□ I be permitted to examine the jury list in the possession of the local registrar; and/or

□ I be provided with a copy of the jury list.

A template draft order is attached hereto.

The reason for making this request is:

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DATED at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Saskatchewan, this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*signature of applicant*)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*print name of applicant*)

CONTACT INFORMATION:

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (*set out the street address*)

 Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fax number (*if any*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E‑mail address (*if any*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_