FORM 12

		CACV
	IN THE COURT OF APPEAL FOR	SASKATCHEWAN
BETWEEN:		
		Appellant (insert status in court appealed from)
AND:		
		Respondent (insert status in court appealed from)
	<u>CERTIFICATE OF SE</u>	RVICE
I,		, being a
member of the I	aw Society of Saskatchewan and legal counsel	for the ,
certify that I cau	used [legal counsel for] the	to be served on
(date)	, with a true copy of the fo	llowing document(s):
[Document(s)]		
DATED at	, Saskatchewan, on _	································
		(date)
	Sig	gnature of Lawyer

TO: REGISTRAR COURT OF APPEAL FOR SASKATCHEWAN 2425 VICTORIA AVENUE REGINA, SASKATCHEWAN S4P 4W6 Telephone: 306-787-5382 Fax: 306-787-5815 e-file: https://ecourt.sasklawcourts.ca

THIS DOCUMENT IS FILED BY:

 Law Firm (*if any*):

 Lawyer in charge of the file (*if any*):

 Name of self-represented individual (*if any*):

 Address for service:

Telephone:

Email address:

Fax number (*if any*):

(office address for represented individual, or, residential or business address for self-represented individual)

New. Gaz. 9 Sep. 2022.