

FORM F
[Rule 34]

CACR _____

THE COURT OF APPEAL FOR SASKATCHEWAN

BETWEEN:

Appellant

AND:

Respondent

REQUEST TO ADJOURN

TAKE NOTICE THAT:

1. I request an adjournment of the appeal hearing scheduled in this matter to _____ .
(month)

2. The reason for this adjournment request is: _____

3. I have given notice of this request to _____ who:
(Appellant or Respondent)

consents

does not consent.

DATED at _____, Saskatchewan, on _____ .
(date)

(Signature)

TO: Appellant/Respondent

AND TO: REGISTRAR
COURT OF APPEAL FOR SASKATCHEWAN
2425 VICTORIA AVENUE
REGINA, SASKATCHEWAN
S4P 4W6
Telephone: 306-787-5382
Fax: 306-787-5815
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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: _____

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

Telephone: _____

Email address: _____

Fax number *(if any)*: _____