**FORM J**[*Rule 37*]

CACR \_\_\_\_\_\_\_\_

THE COURT OF APPEAL FOR SASKATCHEWAN

B E T W E E N:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appellant

AND:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent

**AFFIDAVIT IN SUPPORT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , Saskatchewan,

(*name of applicant*) (*city or town*)

make oath and say (or affirm) as follows:

1. I am the Appellant/Applicant on this appeal and make this Affidavit in support of my application for the appointment of legal counsel pursuant to section 684 of the *Criminal Code* (Canada).

2. [*In as many paragraphs as you need, describe all of your personal circumstances, including the* *following:*]

*(a) financial situation*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(b) education*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(c) family situation*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(d) work history*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(e) other*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| SWORN (OR AFFIRMED) BEFORE ME  at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| at , Saskatchewan, |  |
| this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 2 \_\_\_\_\_ . |  |
|  | Signature |
| A Commissioner for Oaths for Saskatchewan  My commission expires . |  |

**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>

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| --- | --- |
| Law Firm (*if any*): |  |
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| 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*): |  |