

FORM O
[Rule 42]

CACR _____

THE COURT OF APPEAL FOR SASKATCHEWAN

BETWEEN:

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/Respondent on this appeal and make this Affidavit in support of my application for _____ .
(indicate nature of the order and the authority to grant it)
2. [In as many paragraphs as you need, describe all of your personal circumstances as may be relevant to the order requested, including the following:]
 - (a) financial situation: _____
 - (b) education: _____
 - (c) family situation: _____
 - (d) work history: _____
 - (e) other: _____

SWORN (OR AFFIRMED) BEFORE ME

at _____, Saskatchewan,
this ____ day of _____, 2 ____.

A Commissioner for Oaths for Saskatchewan
My commission expires _____.

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

Telephone: _____

Email address: _____

Fax number *(if any)*: _____