APPENDIX TO THE
COURT OF APPEAL RULES

FORM 1a
[*Rule 6*]

IN THE COURT OF APPEAL FOR SASKATCHEWAN

BETWEEN:

_____

Appellant
(*insert status in court appealed from*)

AND:

_____

Respondent
(*insert status in court appealed from*)

NOTICE OF APPEAL

TAKE NOTICE THAT:

1. _____ (*name of appellant*) hereby appeals to the Court of Appeal from the judgment (*or order*) of the Honourable Justice _____ (*name*) dated _____ (*date*).

2. The whole of the judgment (*or order*) is being appealed.

OR

2. The following parts of the judgment (*or order*) are being appealed:

(*Here identify the parts of the judgment or order that are the subject of the appeal. These should be listed in paragraphs (a), (b), etc.*)

3. The source of the Appellant's right of appeal and the Court's jurisdiction to entertain the appeal is:

(*Here identify the source of the Appellant's right of appeal and the Court's jurisdiction, e.g. section 7(2) of The Court of Appeal Act, 2000, etc.*)

4. The appeal is taken on the following grounds:

(*Here identify the reasons why it is alleged the judgment or order is wrong. These should be listed in paragraphs (a), (b), etc.*)

5. The Appellant requests the following relief:

(*Here identify what relief or remedy is requested from the Court.*)

6. The Appellant requests that this appeal be heard at (*Regina or Saskatoon*).

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

_____
Signature of the Appellant or
Lawyer for the Appellant

TO: Respondent _____

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

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