



PROVINCIAL COURT
OF SASKATCHEWAN

CRIMINAL PRACTICE DIRECTIVE 7

FORM PD-7-1

NOTICE OF APPLICATION FOR COURT-APPOINTED LAWYER

This notice is given pursuant to section 15.3 of *The Constitutional Questions Act, 2012* (Saskatchewan).

(Full name including middle name)

Contact Information

Address: _____

Phone: _____

Email: (optional) _____

Date of Birth: _____

Take notice that I make application to obtain a remedy pursuant to section 24(1) of the *Canadian Charter of Rights and Freedoms* and ask that this application be heard on my next appearance before the Court on:

_____ at: _____ in: _____, Saskatchewan
(Month/Day/Year) (Time) (City/Town)

at (check which Court you will be attending): ☐ Provincial Court
☐ Court of King's Bench

Below, I have listed all charges and/or Information numbers for which I seek a lawyer to represent me:

1. Will Legal Aid Saskatchewan assign a lawyer for you? ☐ Yes ☐ No

If you answered "Yes", please note that the Court may decide that you do not qualify for court-appointed lawyer if Legal Aid Saskatchewan is available to represent you.

2. Attached to my application is a copy of: *(check one)*

☐ Notice of Ineligibility from Legal Aid Saskatchewan

☐ Notice of Termination from Legal Aid Saskatchewan

☐ Notice of Denial from Legal Aid Saskatchewan

☐ Other *(please explain)* _____

Please ensure that a copy of the letter you received from Legal Aid Saskatchewan is attached to your application.

3. Why do you believe that you need a lawyer to represent you? *(Check all that apply)*

☐ I have no money to hire a lawyer.

☐ I do not feel capable of representing myself.

☐ The Crown has said that it may seek a jail sentence if I am found guilty.

☐ I believe this is a complex matter.

☐ Other *(please explain)* _____

Date

Print your name

Signature

FORM PD-CAL-1

Part 2

Financial Information

Are you currently in a correctional centre? ☐ Yes ☐ No

If you are currently in a correctional centre and do not earn any income, you may not need to provide detailed financial information.

1) Dependents

Number and Ages of Dependents: _____

2) Income

Do you receive social assistance? ☐ Yes ☐ No

Do you receive Band assistance? ☐ Yes ☐ No

If you receive social assistance or Band assistance, you do not need to complete the remainder of this Form.

Amount (\$)

Monthly Salary (after deductions):
(Please bring pay stubs to prove these amounts)

Total Household Income:

Other Sources on Income
(Other sources of financial support, including family)

3) Expenses

Amount (\$)

Rent/Mortgage:

Utilities:

Child Care:

Food:

Clothing:

Transportation:

Debits or Debt Payments:

Child / Spousal Support you pay:

Other (Specify)

Other (Specify)

Other (Specify)

4) Assets

Value (\$)

Cash / Savings:

Stocks / Shares / Bonds / RRSP /etc:

Accounts Receivable: (*Money owed to you*)

Property / Real Estate:

Vehicles: (*Specify*)

Farm Assets:

Business Assets:

Other: (*Specify*)

Other: (*Specify*)

Other: (*Specify*)