## Additional information for Persons seeking to Appeal to the Manitoba Court of Appeal, Supreme Court of Canada or Federal Court of Appeal

Name:	DOB:

Judge making order: \_\_\_\_\_\_Judgement in: PJC QB

Date of Judgement: \_\_\_\_\_

Please note that the appeal period expires 30 days from the date of sentence. You may file a Prisoner's Own Appeal to ensure you do not lose your right of appeal while we are processing your application. A copy is attached to this form.

Your Legal Aid Application **must** include the following documents or an explanation for why they are not available:

## A: Opinion

() The opinion of your lawyer as to the legal merit to appeal or seek leave to appeal.

### OR

() I have attached my explanation why I feel there there are grounds to appeal. I have also provided an explanation why I cannot get an opinion from my lawyer.

## **B: Copy of Order / Judgement**

() A copy of the order or judgement from which the appeal is to be taken.

OR

() I have attached an explanation why I cannot provide this.

## C: Copy of Reasons for Order / Judgement

() A copy of the reasons for the order or judgement from which the appeal is to be taken.

OR

() I have attached an explanation why I cannot provide this.

Copies of Orders and Judgements and Reasons for Orders and Judgements for those persons held in custody may be found in your institutional file. You will need to request the Court Information, Disposition Sheet, Warrant of Committal and Reasons for Decision (if any). For those out of custody please see the Manitoba Courts Website <a href="http://www.manitobacourts.mb.ca/judgements\_transcripts.html">http://www.manitobacourts.mb.ca/judgements\_transcripts.html</a> for information regarding how to obtain copies of the orders or transcripts.

# Failure to provide the above information or a reasonable explanation as to why you are unable to provide the above information may result in your application for legal aid being refused.

#### SCHEDULE

#### FORM 1 (Subrule 3(1))

#### NOTICE OF APPEAL/NOTICE OF APPLICATION FOR LEAVE TO APPEAL BY ACCUSED

IN THE MAT	FTER OF						
			(name of accused in t				
	(D.O.B. D/M/Y)	convicted (	or pleaded guilty) on the	day of	20,		
of	(D.O.B. D/M/Y)						
			(state the charge(s) in full)				
before		at the		in	, and		
	(name of judge)		(name of court)		t centre)		
was sentence	d on the day of		, 20 before	(name of	at the		
		in		, and now	in custody at		
(n	ame of court)	····	(court centre)	_, and now	in custody at		
(nar	ne of institution or penitentiary)	1					
			or				
whose last kno	own address is:						
The accused				to The Court	of Appeal against the		
	(8	appeal or app	ly for leave to appeal)				
	(conviction and/or sentence	2)	on the following grounds				
	her grounds as counsel may advision of the second s			a or hy oral argument)			
		(in writing or by oral argument)					
The accused _	to be present in person at the hearing of the appeal. (desires or does not desire)						
WAS ORAL H	EVIDENCE TENDERED AT T	$RIAL? \Box YE$	$S \square NO$				
	SCRIPT OF THE EVIDENCE FION SERVICES? $\Box$ YES $\Box$ N		ECT TO CONVICTION AND/O	R SENTENCE BEEN	ORDERED FROM		
Address for se	rvice for the accused is						
			(Address of accused or co	ounsel for accused)			
DATED this _	day of		_, 20				
				(Signature of accus	ed or counsel for accused)		
TO:	The Registrar of The Court of	f Appeal					
	Law Courts Building						
	100E - 408 York Avenue						

Winnipeg, MB R3C 0P9

# *TR/92-106 — 6 février 2014*

AND TO: Manitoba Justice Criminal Prosecutions 5th Floor - 405 Broadway Winnipeg, MB R3C 3L6 OR

Department of Justice Canada Criminal Prosecutions 301 - 310 Broadway Winnipeg, MB R3C 0S6

## LEGAL AID MANITOBA INMATE REQUEST FORM

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

To the Unit Manager/Supervisor,

I am applying to Legal Aid Manitoba for assistance to appeal my conviction and/or sentence. To assess my application, Legal Aid Manitoba requires a copy of the following:

- 1. Court Information
- 2. Disposition sheet / Warrant of Committal
- 3. Written Reasons for Decision

Please forward these documents, if available, to the Executive Director at the address/fax number, or email below.

All requested documents are to be sent directly to:

Executive Director Legal Aid Manitoba 4th Floor, 287 Broadway Winnipeg, MB R3C 0R9 Fax: (204) 944-8582

I agree to pay any fees associated with faxing these documents.

Inmate Signature