

PROVINCIAL COURT
(SPECIFY COURT LOCATION)
(Criminal Division)

BETWEEN:

HER MAJESTY THE QUEEN

-and-

(SPECIFY NAME OF ACCUSED)

DESIGNATION OF COUNSEL
(s. 650.01 CC)

I, (name of accused) of (address of accused) state that my lawyer is (lawyer's name, address and phone number).

I have asked my lawyer to represent me, appear for me and provide legal services for me on the following charges:

Information Number(s)	Charge(s) (in Words)	Date of Offence(s)
1.		
2.		

I understand my lawyer cannot appear for me in my absence on any other charges except those listed above, unless I sign a further Designation of Counsel form for those charges.

I understand that I MUST attend Court in person for my trial if I decide to enter a plea of not guilty or on the day of any guilty plea for any of my charges, and on any day when I will be sentenced (unless the Judge gives permission for me to be absent); and on any day the Judge orders me to attend Court.

I also understand that I MUST keep in touch with my lawyer until these charges are dealt with in Court. This means I must tell my lawyer IMMEDIATELY if I change my address or telephone number and I will make sure that my lawyer always has a way to contact me. I have been given a copy of this Designation of Counsel.

Dated this ____ day of _____, 20__ at _____.

Signature of Accused

Signature of Lawyer (Designated Counsel)

I certify that this document has been filed with the Court, together with the Information(s) to which it relates.

Staff Justice of the Peace _____
Dated this ____ day of _____, 20__ at _____.