

KB File No. _____
Ticket No. _____

THE KING'S BENCH
_____ **Centre**

BETWEEN:

HIS MAJESTY THE KING,

Respondent,

-and-

(Accused), Appellant.

APPLICATION FOR LEAVE TO APPEAL / NOTICE OF APPEAL

*(name, address, email address, telephone and fax
numbers of the person filing the document)*

THE KING'S BENCH
Centre

BETWEEN:

HIS MAJESTY THE KING,

Respondent,

-and-

(Accused), Appellant.

APPLICATION FOR LEAVE TO APPEAL / NOTICE OF APPEAL
(Under *The Provincial Offences Act*)

TAKE NOTICE that the Appellant hereby seeks leave to appeal and if leave is granted appeals against:

[WHERE PROCEEDING WAS COMMENCED BY A TICKET]:

☐ CONVICTION ☐ DISMISSAL ☐ ORDER

made by a Judge/Justice _____ at:

1. Court Location of Conviction/Dismissal/Sentence/Order:

☐ 408 York Avenue, Winnipeg, Manitoba - Courtroom: _____

☐ 373 Broadway, Winnipeg, Manitoba

☐ _____
(Other Court location)

2. Offence(s) in question: _____

3. Date of conviction, dismissal, or order: _____

4. Sentence imposed, if applicable: _____

5. Date of sentence: _____

6. LEGAL ERROR/REASONS FOR APPEAL: (State concisely) _____

7. The Appellant wants the Court to: _____

8. The address for service of the Appellant or Counsel is:

(Provide email address or, if you do not have email, street address)

☐ Evidence recorded – transcript ordered

Dated this _____ day of _____, 20____.

Signature of Appellant or Counsel

Print name of Appellant or Counsel

☐ I have read the information sheet "Guide for Appeals with respect to Summary Conviction Offences"

You will be contacted at the email address you provided once the transcripts have been completed. If you did not provide an email address, a letter will be sent to the physical address you provided.
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