Appendix A

S.C. No.\_\_\_\_\_\_\_\_\_\_

**SUPREME COURT OF YUKON**

Between

**HER MAJESTY THE QUEEN**

Applicant/Respondent

and

**(Name of accused)**

Applicant/Respondent

**NOTICE OF APPLICATION**

TAKE NOTICE that an application will be made by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the court on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_ at the hour of \_\_\_\_\_\_\_ in the courthouse in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Yukon, for an order:

Granting a remedy pursuant to s. 24(1) of the Charter, specifically:

Granting the exclusion of evidence pursuant to s. 24(2) of the Charter (specify evidence to be excluded):

Granting other relief (specify):

Declaring the following enactment constitutionally invalid:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This application is based upon: (specify the sections of the Charter, Criminal Code, other statutory or common law source of authority upon which the application is based)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

…

**In support of this application, the applicant relies upon the following:**

**(a) evidence**: (set out documents, e.g. affidavits, transcripts, etc., and any potential witnesses upon which you intend to rely)

1.

2.

3.

…

(**b) grounds**: (set out a brief description of your argument)

1.

2.

3.

…

**(c) case authorities**: (list case law on which you intend to rely)

It is expected that the application will take \_\_\_\_\_\_\_\_ hours.

Dated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature [Applicant or Counsel]

[set out name, address, telephone and fax numbers (if applicable)]