

Case No.

**PROVINCIAL COURT OF NOVA SCOTIA**

HER MAJESTY THE QUEEN

-AND-

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*(Print your name)*

**NOTICE OF APPLICATION FOR *ROWBOTHAM* COUNSEL**

**1. APPLICATION HEARING**

Application Hearing Date:

Time:

Court Address:

Courtroom Number:

**2. LIST CHARGES**

I make a *Rowbotham* application for the following charge(s): *(List below all charges for which you seek a lawyer)*

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**3. NEXT SCHEDULED COURT DATE** (*example*: trial date, set date, pre-trial meeting)  
\_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_, Nova Scotia  
(*Month/Day/Year*) (Time) (City/Town)

**4. NAME OF PARTY BRINGING APPLICATION**

\_\_\_\_\_  
(*Print your name*)

**5. CHECK ONLY ONE OF THE TWO BOXES BELOW:**

I am appearing in person. My address, telephone number(s), fax or email for service is as follows:

Address:

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

Telephone Number(s): \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

I have a legal representative who will be appearing. The address, telephone number(s), fax or email for service of my legal representative is as follows:

Address:

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

Telephone Number(s): \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

**6. STATEMENT OF WHAT IS BEING REQUESTED**

Take notice that I make application to obtain a *Rowbotham* lawyer.

**7. REASONS FOR THE REQUEST**

The reasons for this application are: *(Check the box of any reasons that apply to you. You can check more than one.)*

- I have been denied Legal Aid. I have appealed that decision and my appeal has also been denied.
- I have no money to hire a lawyer.
- I do not feel capable of representing myself in this matter.
- The prosecutor or another lawyer has told me I may face a jail sentence.
- I believe this is a complex matter.
- Other, please explain

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**8. FACTS SUPPORTING THE REQUEST**

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**9. INDICATE BELOW OTHER MATERIALS OR EVIDENCE YOU WILL RELY ON IN THE APPLICATION** *(Check as many as apply)*

- Letter from NS Legal Aid to confirm I have been denied Legal Aid.

- Letter from NS Legal Aid to confirm that my Legal Aid appeal has been denied.
- Transcripts
- Brief statement of legal argument
- Affidavit(s)
- Case law
- Oral testimony (List any witnesses you will call at your application hearing)

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- Other (*Please specify*)

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(Date)

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(Your signature or your lawyer's signature)

**10. SEND TO:** *(Your original completed version of this form and all original attached documents must be submitted to the court. You should make a copy of this notice and all attached documents for yourself. A copy of this notice, with copies of any attachments, must also be sent to each of the following 2 places by either fax or mail:)*

**Attorney General of Nova Scotia**  
1690 Hollis Street  
P.O. Box 7  
Halifax, Nova Scotia B3J 2L6

**Attorney General of Canada**  
Suite 1400, Duke Tower  
5251 Duke Street  
Halifax, NS B3J 1P3

**Note:** All applications must be sent to this address.

**Note:** Only send to the address above if you are charged with a federal criminal offence. If you are not sure, the prosecutor, judge or another lawyer can tell you if you are charged with a federal criminal offence.