

PROVINCIAL COURT OF NOVA SCOTIA

WAIVER

I, _____ of _____, Nova Scotia, hereby
(Print your Name) (City/Town)

authorize and direct Nova Scotia Legal Aid to release to:

(Please print the name of the lawyer who is helping you with the application or the name of the judge who is hearing your case. If you do not know the name of the judge that will be hearing your case you can address the form to Judges' Chambers. If possible, please include the date, time and courtroom where your case will be heard.)

_____ at _____ at _____, Nova Scotia.
(Month/Day/Year) (Time) (City/Town)

(Address of Courthouse & Courtroom # if applicable)

the following information for the purpose of my application for court-appointed counsel, namely:

1. All financial information;
2. If I was denied Legal Aid services, the reason(s) why I was denied Legal Aid services; and/or
3. The status of my application for Legal Aid.

Date

(Sign above the line)
(Print your name below the line)

Deliver to: *Judges' Chambers*
Provincial Court location where you are to appear