

CANADA
PROVINCE OF NOVA SCOTIA

[CR No.

Form B
]

SUPREME COURT OF NOVA SCOTIA

His Majesty the King

vs.

Print your name

WAIVER

I, _____ of _____, Nova
(Print your name) (City/Town)

Scotia, hereby 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 the Judges' Chambers. If possible, please include the date, time and courtroom where you case will be heard).

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

The Law Courts, 1815 Upper Water St, Halifax NS, B3J 1S7 [change if different courthouse]

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 line)
(Print your name below the line)