

# COURT OF APPEAL FOR BRITISH COLUMBIA


## FORM 1

### NOTICE OF APPEAL (RULE 6(1) )

Court of Appeal File No.  
(For Registry Use Only)

Supreme Court File No.

[STAMP]

  
The file number can be found on the upper right corner of the Supreme Court documents

Supreme Court Registry Location

#### To the respondent(s)

A court proceeding has been commenced against you in the Court of Appeal. See the final page of this form for details on how to respond.

#### 1. PARTIES TO THE APPEAL

##### Appellant(s)

List the party(ies) appealing the Supreme Court or tribunal order. Identify their roles in the proceeding below in brackets. E.g., Jane Doe (plaintiff, petitioner, etc.)

##### Respondent(s)

List the other party(ies) in the Supreme Court or tribunal order you are appealing who are affected by the appeal. Identify their roles in the proceeding below in brackets. E.g., Jane Doe (defendant).

## 2. THE ORDER YOU ARE APPEALING

**Is leave to appeal required?**  
*Court of Appeal Rule 12 explains when you need leave to appeal. If you are unsure, check "Yes."*

Yes  No

**Who made the order?**  
*Name the justice or other decision maker who pronounced the order you are appealing.*

**What court and/or tribunal pronounced the order(s)?**

Supreme Court  Tribunal

Name of tribunal

**Date the order was pronounced**  
*Include the day, month and year that the order being appealed was pronounced (not the date the order was entered).*

DD/MM/YYYY

**City where the order was pronounced**

**Length of lower court hearing**  
*Indicate in days or hours the length of the hearing that led to the order you are appealing from. For example, if you are appealing a judgment from a trial that took two hours, enter "two hours."*

**What type of proceeding are you appealing from?**  
*Check only one.*

Trial Judgment  Order of a Tribunal  
 Summary Trial Judgment  Chambers Judgment

### 3. RELIEF SOUGHT

If leave to appeal is not required, fill out Part A. If you are seeking leave to appeal, fill out Part B.

#### PART A: LEAVE NOT REQUIRED

**Part of the order being appealed**

*If you only want to appeal one part of an order, enter the part that is being appealed.*

**Order(s) you are seeking on appeal**

*Briefly list the order(s) you will ask this Court to make on appeal. For example: "Set aside the trial judgment and order a new trial."*

#### PART B: SEEKING LEAVE TO APPEAL

**Part of the order being appealed**

*If you are only seeking leave to appeal one part of an order, enter the part that you are seeking leave to appeal.*

**Grounds for leave to appeal**

*Be as specific as possible. For example, if you believe the trial judge used an incorrect legal test or otherwise misapplied the law, indicate that here.*

### 4. ADDITIONAL INFORMATION

**Sealing order**

*Is there an order sealing any part of the trial court or tribunal file? If yes, add date(s).*

Yes

No

Date

DD/MM/YYYY

**Anonymity order/publication ban**

*Are there orders that protect the identity of a party or parties? If yes, add date(s).*

Yes

No

Date

DD/MM/YYYY

**Areas of law raised in the appeal**

*You may check more than one box if appropriate. For example, you should check "motor vehicle accidents" and "torts" for a personal injury claim involving a motor vehicle accident.*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Constitutional/Administrative | <input type="checkbox"/> Civil Procedure | <input type="checkbox"/> Commercial        |
| <input type="checkbox"/> Motor Vehicle Accidents       | <input type="checkbox"/> Municipal Law   | <input type="checkbox"/> Real Property     |
| <input type="checkbox"/> Torts                         | <input type="checkbox"/> Equity          | <input type="checkbox"/> Wills and Estates |
| <input type="checkbox"/> Divorce Act (Canada)          | <input type="checkbox"/> Family Law Act  | <input type="checkbox"/> Other             |

**Appeals involving children**

*Does this appeal involve the rights or interests of a child? E.g., parenting order.*

- Yes  No

**5. SERVICE**

**Are you representing yourself?**

- Yes  No

**Name(s) and address(es) within BC for service of appellant(s)** *If you have a lawyer, include the law firm's address; otherwise provide your own residential address.*

**Phone number(s) of appellant(s)**

**Email address(es) for service of the appellant(s)**

*If you provide an email address, you consent to have documents served on you by email.*

**Date form completed**

**Name of lawyer or party authorizing filing of this form**

*DD/MM/YYYY*

**To the appellant(s):**

You must file and serve this form on each respondent named in this document within the timelines required by the *Court of Appeal Act* and Court of Appeal Rules. You must file a Notice of Hearing **not more than one year** after filing this Form 1 or your appeal will be placed on the inactive list (Rule 50(1)(a)).

**To the respondent(s)**

**If you intend to participate** in this proceeding, **you must give notice** of your intention by doing the following **not more than 10 days** after receiving this Notice of Appeal: (1) file a "Notice of Appearance" (Form 2 of the *Court of Appeal Rules*) in a Court of Appeal registry and; (2) serve the Notice of Appearance on the appellant.

If you fail to file and serve a Notice of Appearance:

- (a) You are presumed to take no position on the appeal, or the application for leave to appeal (if leave is required).
- (b) The parties are not obliged to serve you with any further documents related to the appeal, including an order granting leave to appeal (if leave is required).

**You are presumed to take no position if you fail** to file and serve a Notice of Appearance within the time described above. The filing registries for the British Columbia Court of Appeal are as follows.

## Central Registry:

B.C. Court of Appeal  
Suite 400, 800 Hornby St.  
Vancouver BC V6Z 2C5

## Other Registries:

B.C. Court of Appeal  
The Law Courts  
P.O. Box 9248  
STN PROV GOVT  
850 Burdett Ave.  
Victoria BC V8W 1B4

B.C. Court of Appeal  
223 - 455 Columbia St.  
Kamloops BC V2C 6K4

Inquiries should be addressed to (604) 660-2468.

# COURT OF APPEAL FOR BRITISH COLUMBIA

## FORM 2

### NOTICE OF APPEARANCE (RULES 7(1), 8(a), 10(1) )

[STAMP]	Court of Appeal File No.	<input type="text"/>
	<i>The file number can be found on the upper right corner of the Notice of Appeal.</i>	
<input type="text"/>	v.	<input type="text"/>
<i>Name of the first appellant named on Form 1: Notice of Appeal.</i>		<i>Name of the first respondent named on Form 1: Notice of Appeal.</i>

Name(s) of party(ies) filing the notice of appearance

Name(s) and address(es) within BC for service of party(ies). If you have a lawyer, include the law firm's address; otherwise provide another address for service.

Phone number(s) of party(ies) filing the notice of appearance

Email address(es) for service of party(ies)  
If you provide an email address, you consent to have documents served on you by email.

Date form completed

DD/MM/YYYY

Name of lawyer or party authorizing filing of this form

**To the party completing this form:** The other parties to this appeal are entitled to rely on the address for service you have provided on this Notice of Appearance unless you change your address for service by filing and serving a Change of Address for Service in Form 18.

# COURT OF APPEAL FOR BRITISH COLUMBIA

## FORM 3

### NOTICE OF CROSS APPEAL (RULE 9(a) )

[STAMP]

Court of Appeal File No.

The file number can be found on the upper right corner of the Notice of Appeal.

#### PARTIES TO THE APPEAL

##### Appellant(s)

List the name(s) of the appellant(s) named on Form 1: Notice of Appeal.

##### Respondent(s)

List the name(s) of the respondent(s) named on Form 1: Notice of Appeal.

#### To the appellant(s) and any respondent(s) not cross appealing the order under appeal:

A court proceeding has been commenced against you in the Court of Appeal. See the final page of this form for details on how to respond.

Name(s) of party(ies) who wish(es) to cross appeal the order under appeal

#### 1. THE ORDER IN THE APPEAL YOU ARE CROSS APPEALING

Is leave to cross appeal required?

Court of Appeal Rule 12 explains when you need leave to cross appeal. If you are unsure, check "Yes."

Yes

No

**Who made the order?**

Name the justice or other decision maker who pronounced the order in the appeal you are cross appealing.

**Date the order was pronounced**

Include the day, month and year that the order in the appeal you are cross appealing was pronounced.

DD/MM/YYYY

**2. RELIEF SOUGHT**

If leave to cross appeal is not required, fill out Part A. If you are seeking leave to cross appeal, fill out Part B.

**PART A: LEAVE NOT REQUIRED**

**Part of the order being cross appealed**

If you only want to cross appeal one part of an order, enter the part that is being cross appealed.

**Order(s) you are seeking on cross appeal**

Briefly list the order(s) you will ask this court to make on cross appeal.  
For example: "Set aside the trial judgment and order a new trial."  
Include any order as to costs.

**PART B: SEEKING LEAVE TO APPEAL**

**Part of the order being cross appealed**

If you are only seeking leave to cross appeal one part of an order, enter the part that you are seeking leave to cross appeal.

**Grounds for leave to cross appeal**

Be as specific as possible. For example, if you believe the trial judge used an incorrect legal test or otherwise misapplied the law, indicate that here.

### 3. SERVICE

Are you representing yourself?

Yes

No

Name(s) and address(es) within BC for service of party(ies) filing cross appeal

*If you have a lawyer, include the law firm's address. Otherwise provide your own residential*

Phone number(s) of party(ies) filing cross appeal

Email address(es) for service of party(ies) filing cross appeal

*If you provide an email address, you consent to have documents served on you by email.*

Date form completed

Name of lawyer or party authorizing filing of this form

DD/MM/YYYY

**If you intend to participate** in this cross appeal and you have not already filed a Notice of Appearance in this matter in a Court of Appeal registry, **you must give notice** of your intention to participate by filing a form entitled "Notice of Appearance" (Form 2 of the Court of Appeal Rules) in a Court of Appeal registry and serve the Notice of Appearance on the other parties to the appeal and cross appeal **not more than 10 days** after receiving this Notice of Cross Appeal.

# COURT OF APPEAL FOR BRITISH COLUMBIA

## FORM 4

### NOTICE OF APPLICATION (RULES 13(a), 20(3) and (4), 54(a), 58(1), 59(1), 60(2), 61(2), 63(2) )

[STAMP]

Court of Appeal File No.

The file number can be found on the upper right corner of the Notice of Appeal.

#### PARTIES TO THE APPEAL

##### Appellant(s)

List the name(s) of the appellant(s) named on Form 1: Notice of Appeal.

##### Respondent(s)

List the name(s) of the respondent(s) named on Form 1: Notice of Appeal.

This application is in the jurisdiction of:

The Court (3 Justices)

A Chambers Justice

The Registrar

#### To the person(s) filing the application (the applicant):

If your application is before a chambers justice, check the available chambers dates on the court website and the timelines for bringing your application under the rules.

If your application is before the court or the registrar, contact the appropriate scheduler before completing this form.

Communicate with the other person(s) to ensure they are available on the requested date. Chambers applications are to be no more than 30 minutes.

**Name(s) of person(s) bringing the application**

**Name(s) of responding person(s) to be served with the application**

**Location where the application will be heard**  
*Enter the address of the courthouse.*

**Date the application will be heard**

*Chambers applications begin at 9:30 a.m.*

DD/MM/YYYY

**Enter the section(s) or rule(s) that you are relying on for your application**

*E.g., If you are applying for leave to appeal, enter "Section 31 of the Court of Appeal Act." If you are applying for a stay of proceedings, enter "Section 33 of the Court of Appeal Act."*

**Enter the order(s) that you are seeking**

*E.g., "stay of proceedings" or "extension of time to file an appeal book" and any request with respect to costs. If you are seeking leave to appeal, enter "leave to appeal the order of\_\_\_\_\_."*

**Is an application book required?**

*See Rule 13 for leave applications and Division 2 of Part 9 of the Rules for other applications.*

Yes

No

**If you are not required to file an application book, list the affidavit(s) in support of this application**

*Enter the name of each person whose affidavit is being filed and the date each affidavit was sworn.*

**The applicant anticipates that this application will be...**

*Check only one.*

Contested       Uncontested

**Email address(es) for service of applicant(s)**

*If you provide an email address, you consent to have documents served on you by email.*

Date form completed

Name of lawyer or applicant authorizing filing of this form

DD/MM/YYYY

# COURT OF APPEAL FOR BRITISH COLUMBIA

## FORM 5

## NOTICE OF HEARING OF APPEAL (RULES 33(2), 34(2) )

[STAMP]	Court of Appeal File No.	<input type="text"/>
	<i>The file number can be found on the upper right corner of the Notice of Appeal.</i>	
<input type="text"/>	v.	<input type="text"/>
<i>Name of the first appellant named on Form 1: Notice of Appeal.</i>		<i>Name of the first respondent named on Form 1: Notice of Appeal.</i>

**To the party(ies) filing the Notice of Hearing of Appeal:**

**You are required to attach a copy of the orders under appeal to this form.** The court will review any appeal set for one day or longer and may adjust the length.

Address of the courthouse where the appeal will be heard	<input type="text"/>	
Date the appeal will be heard	<input type="text"/>	time to be confirmed by court scheduler
<i>DD/MM/YYYY</i>		
Estimated length of appeal in days <i>The default length for an appeal is half a day.</i>	<input type="text"/>	<input type="text"/>
	Appellant's estimate	Respondent's estimate

I agree to pay all hearing fees payable under Item 5 of Division 1 of Schedule 2 – Court Fees.

Date form completed	<input type="text"/>	Name of lawyer or party authorizing filing of this form	<input type="text"/>
<i>DD/MM/YYYY</i>			

# COURT OF APPEAL FOR BRITISH COLUMBIA

## FORM 6

### NOTICE OF SETTLEMENT OR ABANDONMENT (RULE 46)

[STAMP]

Court of Appeal File No.

*The file number can be found on the upper right corner of the Notice of Appeal.*

*Name of the first appellant named on Form 1: Notice of Appeal.*

v.

*Name of the first respondent named on Form 1: Notice of Appeal.*

#### To the appellant(s):

A party who abandons an appeal may be liable for the costs associated with the appeal.

Name(s) of party(ies) wishing to abandon an appeal or cross appeal

This party is abandoning an...

Appeal or  Cross Appeal

Which party(ies) are you abandoning against?

Who made the order?  
*Name the justice or other decision maker who pronounced the order you are abandoning.*

**Date the order under appeal  
was pronounced**

*Not the date the order was  
entered.*

DD/MM/YYYY

**Date initiating document in the  
appeal or cross appeal you are  
abandoning was filed**

*Notice of Appeal: Form 1  
or Notice of Cross Appeal: Form 3.*

DD/MM/YYYY

Date form completed

DD/MM/YYYY

Name of lawyer or party  
authorizing filing of this form

# COURT OF APPEAL FOR BRITISH COLUMBIA

## FORM 7

## NOTICE OF URGENT APPLICATION (RULE 57(2) )

Court of Appeal File No.

*The file number can be found on the upper right corner of the Notice of Appeal.*

[STAMP]

v.

*Name of the first appellant named on Form 1: Notice of Appeal.*

*Name of the first respondent named on Form 1: Notice of Appeal.*

### To the person(s) filing the notice of urgent application (the *applicant*):

In cases of urgency you may apply for permission to bring an application on shorter notice than is otherwise required under the Court of Appeal Rules. You must obtain an urgent application hearing date from the registrar. Even in cases of urgency, you must give notice and attempt to serve the application material on all parties.

Name of person(s) bringing the urgent application

Location where the application will be heard  
*Enter the address of the courthouse.*

Date the application will be heard

Time application will be heard

*DD/MM/YYYY*

**List any affidavits being filed**  
*An affidavit explaining the need for urgency is not required, but may be provided.*

**Have you filed materials in support of the main application?**  
*If yes, list the material you have filed.*

Yes

No

Date form completed

DD/MM/YYYY

Name of lawyer or applicant authorizing filing of this form

# COURT OF APPEAL FOR BRITISH COLUMBIA

## FORM 8

### NOTICE OF APPLICATION TO VARY AN ORDER OF A JUSTICE (RULE 62(2) )

[STAMP]

Court of Appeal File No.

The file number can be found on the upper right corner of the Notice of Appeal.

#### PARTIES TO THE APPEAL

**Appellant(s)**

List the name(s) of the appellant(s) named on Form 1: Notice of Appeal.

**Respondent(s)**

List the name(s) of the respondent(s) named on Form 1: Notice of Appeal.

#### To the person(s) filing the application (the *applicant*):

An application to vary is heard by a division of the court. Contact the court scheduler to obtain an application hearing date and time.

Communicate with the other person(s) to ensure they are available on the requested date. Applications to vary are to be no more than 30 minutes.

**Name of the person(s) bringing the application**

Include name of law firm if represented.

**Date the order you are seeking to vary was pronounced**  
*Not the date the order was entered.*

DD/MM/YYYY

**Name of justice who pronounced the order**

**Application hearing date and time to be set by the associate registrar**

Date form completed

DD/MM/YYYY

**Name of lawyer or applicant authorizing filing of this form**

# COURT OF APPEAL FOR BRITISH COLUMBIA

## FORM 9

### REQUISITION (RULE 65(2) and (5) )

Court of Appeal File No.

*The file number can be found on the upper right corner of the Notice of Appeal.*

[STAMP]

v.

*Name of the first appellant named on Form 1: Notice of Appeal.*

*Name of the first respondent named on Form 1: Notice of Appeal.*

This form may be used for general requests, including but not limited to setting a new application hearing date for matters adjourned generally and adjourning matters by consent.

Name of person(s) filing the requisition

Relief sought

*Describe your request and indicate whether it is by consent.*

Date form completed

Name of lawyer or person authorizing filing of this form

*DD/MM/YYYY*

Court of Appeal File No. ....

BETWEEN:

Appellant(s)  
(role in proceeding appealed from)

AND:

Respondent(s)  
(role in proceeding appealed from)

BEFORE THE HONOURABLE [CHIEF JUSTICE/MADAM JUSTICE/MR. JUSTICE/JUSTICE] ..... [name of chambers justice]  
..... IN CHAMBERS

Vancouver [or other location of hearing], British Columbia, ..... [date reserve judgment was released or, if judgment  
was not reserved, date when judgment was given in chambers] .....

[Add if applicable] Reasons to follow being released on ..... [date of release of reasons] .....

THE APPLICATION OF ..... [appellant/respondent] ..... for ..... [insert type of application] ..... coming on for hearing on  
..... [insert date of chambers hearing] ..... at ....., British Columbia; AND ON HEARING .....  
[insert name of lawyer for the appellant or state "the appellant appearing in person"] ..... and ..... [insert name of  
lawyer for the respondent or state "the respondent appearing in person"] .....; AND ON READING the materials filed  
herein; AND ON JUDGMENT BEING PRONOUNCED ON THIS DATE;

IT IS ORDERED that .....

IT IS FURTHER ORDERED that .....

APPROVED AS TO FORM:

.....  
Appellant/Appellant's Lawyer

.....  
A Justice of the Court of Appeal

.....  
Respondent/Respondent's Lawyer

Court of Appeal File No. ....

BETWEEN:

Appellant(s)  
(role in proceeding appealed from)

AND:

Respondent(s)  
(role in proceeding appealed from)

BEFORE:

The Honourable [Chief Justice/Madam Justice/Mr. Justice/Justice] .....

The Honourable [Madam Justice/Mr. Justice/Justice] .....

The Honourable [Madam Justice/Mr. Justice/Justice] .....

[Justices' names must be set out in the same order as in the reasons for judgment]

Vancouver [or other location of hearing], British Columbia, ..... [date reserve judgment was released or, if judgment was not reserved, date when judgment was given in court] .....

[Add if applicable] Reasons to follow being released on ..... [date of release of reasons] .....

[Add if applicable] Supplementary reasons being released on ..... [date of release of supplementary reasons] .....

THE APPEAL from the order of ..... [name of judge and court/tribunal appealed from] ..... at ..... [location of court/tribunal] ..... dated ..... [insert date of order appealed from] ..... coming on for hearing on ..... [insert date(s) of the hearing in the Court of Appeal] ....., AND ON HEARING ..... [insert name of lawyer for the appellant or state "the appellant appearing in person"] ..... and ..... [insert name of lawyer for the respondent or state "the respondent appearing in person"] ....., AND ON READING the materials filed herein; AND ON JUDGMENT BEING PRONOUNCED ON THIS DATE;

THIS COURT ORDERS that ..... [the appeal is dismissed/allowed etc.] .....

AND THIS COURT FURTHER ORDERS that .....

AND THIS COURT FURTHER ORDERS that the ..... [insert name of successful party on the appeal] ..... do recover the costs of the appeal from ..... [insert name of unsuccessful party] ..... promptly after assessment.

APPROVED AS TO FORM:

BY THE COURT

.....  
Appellant/Appellant's Lawyer

.....  
Deputy Registrar

.....  
Respondent/Respondent's Lawyer

Court of Appeal File No. ....

BETWEEN:

Appellant(s)  
(role in proceeding appealed from)

AND:

Respondent(s)  
(role in proceeding appealed from)

BEFORE:

The Honourable [Chief Justice / Madam Justice / Mr. Justice / Justice] .....  
The Honourable [Madam Justice / Mr. Justice / Justice] .....  
The Honourable [Madam Justice / Mr. Justice / Justice] .....

[Justices' names must be set out in the same order as in the reasons for judgment]

Vancouver [or other location of hearing], British Columbia, .....[date of judgment] .....

The application of the ..... [appellant(s)/respondent(s)] ..... to vary the order of [Chief Justice / Madam Justice / Mr. Justice / Justice] ..... dated the ..... day of ....., 20..... coming on for hearing on ..... [date(s) of the hearing in the Court of Appeal] .....,

AND ON HEARING ..... [name of lawyer for the appellant/respondent or "the appellant/respondent appearing in person"] ..... and ..... [name of lawyer for the appellant/respondent or "the appellant/respondent appearing in person"] .....

AND ON READING the materials filed herein; AND ON JUDGMENT BEING PRONOUNCED ON THIS DATE;

THIS COURT ORDERS that the application to vary the order of [Chief Justice / Madam Justice / Mr. Justice / Justice] ..... is ..... [either dismissed or allowed] .....

THIS COURT FURTHER ORDERS that .....

APPROVED AS TO FORM:

BY THE COURT

.....  
Appellant/Appellant's Lawyer

.....  
Deputy Registrar

.....  
Respondent/Respondent's Lawyer

Court of Appeal File No. ....

BETWEEN:

Appellant(s)  
(role in proceeding appealed from)

AND:

Respondent(s)  
(role in proceeding appealed from)

..... [Insert date of the order] .....

WHEREAS:

- (a) all parties have consented to this order,
- (b) no person involved is under any legal disability, and
- (c) all parties have agreed to comply hereafter with the time limits set forth in the *Court of Appeal Act* and *Court of Appeal Rules*,

IT IS ORDERED that the time set for ....., the ..... [appellant/respondent] ....., to file and serve the ..... [appeal record / transcript / factum / appeal book / book of authorities] ..... is extended until ..... [date of the extension] .....

APPROVED AS TO FORM:

FOR THE COURT

.....  
Appellant/Appellant’s Lawyer

.....  
Deputy Registrar

.....  
Respondent/Respondent’s Lawyer

Court of Appeal File No. ....

BETWEEN:

Appellant(s)  
(role in proceeding appealed from)

AND:

Respondent(s)  
(role in proceeding appealed from)

..... [Insert date of the order] .....

WHEREAS:

- (a) all parties have consented to this order,
- (b) no person involved is under any legal disability, and
- (c) all parties have agreed to comply hereafter with the time limits set forth in the *Court of Appeal Act* and Court of Appeal Rules,

IT IS ORDERED that this ..... [appeal/application for leave to appeal] ..... be removed from the inactive list and that the time limit for taking the next step required by the *Court of Appeal Act* or Court of Appeal Rules must begin to run as of the date of this order.

IT IS FURTHER ORDERED that the notice of hearing be filed within 180 days of the date of this order, failing which the ..... [appeal/application for leave to appeal] ..... must be returned to the inactive list.

APPROVED AS TO FORM:

.....  
Appellant/Appellant's Lawyer

.....  
A Justice of the Court of Appeal

.....  
Respondent/Respondent's Lawyer

*Note: This form of order may not be used to reinstate appeals that have been dismissed as abandoned under Rule 51.*

*Note: This form of order may be used only if there is no prior order to remove the appeal or application for leave to appeal from the inactive list.*

Court of Appeal File No. ....

BETWEEN:

Appellant(s)  
(role in proceeding appealed from)

AND:

Respondent(s)  
(role in proceeding appealed from)

BEFORE THE HONOURABLE  
*[registrar will insert name of justice]*

*[registrar will insert date of order]*

IN CHAMBERS

ON application of ..... *[appellant/respondent]* ..... herein; AND BY CONSENT;

IT IS ORDERED that ..... *[specify]* .....

IT IS FURTHER ORDERED that ..... *[specify]* .....

APPROVED AS TO FORM:

.....  
Appellant/Appellant’s Lawyer

.....  
Respondent/Respondent’s Lawyer

# COURT OF APPEAL FOR BRITISH COLUMBIA

## FORM 16

### OFFER TO SETTLE COSTS (RULE 76(1) )

[STAMP]

Court of Appeal File No.

The file number can be found on the upper right corner of the Notice of Appeal.

Name of the first appellant named on Form 1: Notice of Appeal.

Name of the first respondent named on Form 1: Notice of Appeal.

To: ..... [party the offer to settle costs is addressed to] .....

The ..... [appellant/respondent, name of the party offering to settle costs] ..... offers to settle costs in accordance with Schedule 1 of the Court of Appeal Rules in the amount of \$.....

.....  
Date

.....  
Party/Party's Lawyer

Court of Appeal File No. ....

BETWEEN:

Appellant(s)

*(role in proceeding appealed from)*

AND:

Respondent(s)

*(role in proceeding appealed from)*

I CERTIFY that on ..... [date] ....., the costs of the ..... [appellant/respondent, name of party] ..... have been allowed against the ..... [appellant/respondent, name of party] ..... at \$.....

.....  
Date

.....  
Registrar

# COURT OF APPEAL FOR BRITISH COLUMBIA

## FORM 18

### NOTICE OF CHANGE OF REPRESENTATION / CHANGE OF ADDRESS FOR SERVICE (RULE 86)

[STAMP]	Court of Appeal File No.	<input type="text"/>
	<i>The file number can be found on the upper right corner of the Notice of Appeal.</i>	
<input type="text"/>	v.	<input type="text"/>
<i>Name of the first appellant named on Form 1: Notice of Appeal.</i>		<i>Name of the first respondent named on Form 1: Notice of Appeal.</i>

If you are changing representation, complete Part A and Part B. If you are only changing your address for service, complete Part B only. If you are a lawyer seeking to withdraw from the record without your client's permission, use Form 19.

Name(s) of person(s) filing the notice of change of representation/change of address for service

#### PART A

Current status:

Self-represented

Lawyer

Name of lawyer and firm name

New status:

Self-represented

Lawyer

Name of lawyer and firm name

**PART B**

**Name(s) and residential or business address(es) within B.C. for service of person(s) completing this form**  
*Include law firm if represented.*

**Phone number(s) of person(s) completing this form**

**Email address(es) for service of person(s) completing this form**  
*If you provide an email address, you consent to have documents served on you by email.*

Date form completed

DD/MM/YYYY

Name of lawyer or person authorizing filing of this form.

# COURT OF APPEAL FOR BRITISH COLUMBIA

## FORM 19

## NOTICE OF WITHDRAWAL OF LAWYER (RULE 87(1) )

[STAMP]	Court of Appeal File No.	<input type="text"/>
	<i>The file number can be found on the upper right corner of the Notice of Appeal.</i>	
<input type="text"/>	v.	<input type="text"/>
<i>Name of the first appellant named on Form 1: Notice of Appeal.</i>		<i>Name of the first respondent named on Form 1: Notice of Appeal.</i>

Name of lawyer seeking to withdraw	<input type="text"/>		
Name(s) of person(s) the lawyer represents	<input type="text"/>		
Last known address(es) for the person(s) the lawyer represents	<input type="text"/>		
Last known phone number(s) of person(s) the lawyer represents	<input type="text"/>		
Last known email(s) for the person(s) the lawyer represents	<input type="text"/>		
Date form completed	<input type="text"/>	Name of lawyer or person authorizing filing of this form	<input type="text"/>
<i>DD/MM/YYYY</i>			

### To the person(s) receiving this notice of withdrawal:

If you object to the lawyer's withdrawal from this proceeding, you may file and serve an objection in Form 20 not more than seven days after being served with this notice of withdrawal. If you do not file an objection within the required timeline the lawyer will be removed from the record.

If no objection is filed, the other parties to the proceeding may serve all further documents on you by mail to your last known address(es) noted above. If you wish to change your address for service, complete Part B of Form 18.

# COURT OF APPEAL FOR BRITISH COLUMBIA

## FORM 20

### NOTICE OF OBJECTION TO WITHDRAWAL (RULE 87(2) )

Court of Appeal File No.

*The file number can be found on the upper right corner of the Notice of Appeal.*

[STAMP]

v.

*Name of the first appellant named on Form 1: Notice of Appeal.*

*Name of the first respondent named on Form 1: Notice of Appeal.*

Name(s) of person(s) objecting

Name of lawyer seeking to withdraw as lawyer of record

Date form completed

Name of lawyer or person authorizing filing of this form

*DD/MM/YYYY*

Court of Appeal File No. ....

BETWEEN:

Appellant(s)

(role in proceeding appealed from)

AND:

Respondent(s)

(role in proceeding appealed from)

**BILL OF COSTS OF .....**

**Tariff Scale** (Scale A unless otherwise ordered) ..... **Unit Value \$**.....

*To complete the Bill of Costs, refer to Court of Appeal Rule 69 and Schedule 1.*

ITEM	DESCRIPTION	PST	GST	UNITS CLAIMED	UNITS ALLOWED
1	Advising appellant or respondent on bringing appeal, application for leave to appeal or cross appeal				
2	Preparation of appeal record				
3	Preparation of appeal book(s), one of the following: (a) 1 – 5 volumes; (b) 6 – 10 volumes; (c) 11 or more volumes				
4	Preparation of application book including written argument				
5	Preparation of factum				
6	Preparation of written argument if specifically ordered by the court or a justice or directed by the registrar Specifics of application(s): .....				
7	Preparation of any application before the court, a justice or the registrar, except where otherwise provided Specifics of application(s): .....				
8	Attendance at any application before the court, a justice or registrar, except where otherwise provided Specifics of application(s): .....				
9	Preparation for hearing of appeal, per half day				
10	Attendance at hearing of appeal, per half day				
11	Preparation of bill of costs, except if settled by the registrar				
12	Preparation and entry of each order, including each application to settle an order before the registrar Specifics of application(s): .....				

	Claimed:	Allowed:
Total number of units	.....	.....
Multiply by unit value	\$.....	\$.....
Subtotal	.....	.....
PST	.....	.....
GST	.....	.....
Total	\$.....	\$.....

DISBURSEMENTS

ITEM

DESCRIPTION

PST

GST

CLAIMED

ALLOWED

Subtotal

PST

GST

Total

Claimed:

Allowed:

.....

.....

.....

\$.....\$.....

**TOTAL ALLOWED:**

\$.....\$.....

Date of Assessment .....

Registrar.....

# COURT OF APPEAL FOR BRITISH COLUMBIA

## FORM 22

### APPLICATION FOR ORDER THAT NO FEES ARE PAYABLE (*RULE 85*)

Court of Appeal File No.

*The file number can be found on the upper right corner of the Notice of Appeal.*

[STAMP]

v.

*Name of the first appellant named on Form 1: Notice of Appeal.*

*Name of the first respondent named on Form 1: Notice of Appeal.*

#### To the person(s) filing the application (the *applicant*):

To obtain an order that no court fees are payable, you must show that: (1) your appeal is not bound to fail; scandalous, frivolous or vexatious; or an abuse of court process; and (2) payment of court fees would cause you undue hardship.

If you meet the income and assets criteria in Part B, you meet the financial hardship criteria. If not, you can complete Part C and argue at the hearing that there are special financial circumstances that establish undue hardship, or you can abandon your application.

This is a “without notice” application. You do not need to serve this form on any other parties and they do not need to attend the application hearing.

Name(s) of person(s)  
bringing the application

## PART A: BASIS FOR BRINGING THE APPEAL

**Order(s) you are seeking on appeal**  
Briefly list the order(s) you will ask this court to make on appeal.

**Grounds of appeal**  
Be as specific as possible. For example, if you believe the trial judge used an incorrect legal test or otherwise misapplied the law, note that here.

## PART B: INCOME AND ASSETS

**Check the applicable boxes**  
If the income or assets criteria do not apply, you must complete Part C or abandon your application.

### Income

- 1-3 household members - My gross household income is less than \$60,000  
 4 or more household members - My gross household income is less than \$84,000

### Assets

- The value of my household assets, after subtracting any outstanding debt owing on them, is less than \$10,000

## PART C: FINANCIAL CIRCUMSTANCES

**Special financial circumstances**  
Be as specific as possible about your financial circumstances. For example, if you have recently lost employment or have a large number of dependants note that here.

**Location of hearing**  
Enter the address of the courthouse.

**Date hearing will take place**

Chambers applications begin at 9:30 a.m.

DD/MM/YYYY

**Date form completed**

**Name of lawyer or person authorizing filing of this form**

DD/MM/YYYY