IN THE SUPREME COURT OF CANADA

(ON APPEAL FROM)
(Name of the court a	appealed from)
BETWEEN:	
(Name of the applicant as it appears of	on the court of appeal judgment)
	APPLICANT
	(Status of party in the court appealed from
AND:	
(Name of the respondent as it appears	on the court of appeal judgment)
	RESPONDENT
	(Status of party in the court appealed from
Note – if you require additional space for your party names, please inclu	de a separate page
APPLICATION FOR L	EAVE TO APPEAL
Name of the applicant)	
Your address, telephone number, fax number	
and e-mail address, if any)	
Name of the respondent)	
Your address, telephone number, fax number and e-mail address, if any) (Name of the respondent) (Counsel's name (or party's if unrepresented), address, telephone number, fax number and	applicable, agent's name, address, telephone

TABLE OF CONTENTS

NOTIO	CE OF APPLICA	TION FOR LEAVE TO APPEAL (FORM 25)	
			(Page #)
LOWI	ER COURT JUD	GMENTS	
>	Reasons for Jud	gment	
	Dated:	(Court of first instance)	(Page #)
>	Order (if issued))	
	Dated:	(Court of first instance)	(Page #)
>	Reasons for Jud		
	Dated:	(Court appealed from)	(Page #)
>	Order (if issued)	
	Dated:	(Court appealed from)	(Page #)
ME	EMORANDUM C	OF ARGUMENT	
	> Part I	Statement of facts (including concise overview of position with respect to issues of public importance)	(Page #)
	> Part II	Statement of the questions in issue	
	> Part III	Statement of argument	(Page #)
	> Part IV	Submissions in support of order sought concerning costs	
	> Part V	Order or orders sought	(Page #)
	> Part VI	Table of authorities (if any)	(Page #) (Page #)

> P	art VII	Legislation (if any)	(Page #)
DOCUM	ENTS IN	SUPPORT (if any)	
> L	ist all docu	ments in support and corresponding page number	S
			(Page #)
ANY AD	DITIONAL	DOCUMENTS	
			(Page #)
-			

(Page	#)

FORM 25

NOTICE OF APPLICATION FOR LEAVE TO APPEAL

(Legislative provision or provisions on which this document is based)		
TAKE NOTICE that(Your name) Court of Canada, under	applie	s for leave to appeal to the Supreme
(Cite the legislative provision or pro	visions that authorize t	the application for leave)
from the judgment of the		,
(Name of the court	appealed from)	(File number from the court)
`		,
made on, and, and, and, and, and, and	(Insert the n	ature of order or relief sought)
(Insert the nat	ture of order or relief s	Sought)
or any other order that the Court may deem app	ropriate;	
AND FURTHER TAKE NOTICE that this	is application for leav	we is made on the following grounds:
Clearly number each ground.		

(Page	#

Continuance of Notice of application for leave to appeal (Form 25)

	(Page #)
Continuance of Notice of application for lea	ve to appeal (Form 25)
NOTE: You may include add	litional pages if you have more grounds.
SIGNED BY	
(Your signature)	(Date)
(Your name, address, telephone number, fax number and e-mail address, if any)	
ORIGINAL TO:	THE REGISTRAR
СОРУ ТО:	(Name, address, telephone number, fax number and e-mail address (if any), of all other parties and interveners in the court appealed from)

NOTICE TO THE RESPONDENT: A respondent may serve and file a memorandum in response to this application for leave to appeal within 30 days of the date a file number is assigned in this matter. You will receive a copy of the letter to the applicant confirming the file number as soon as it is assigned. If no response is filed within that time, the Registrar will submit this application for leave to appeal to the Court for consideration.

	(Page	#)
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APPLICANT'S MEMORANDUM OF ARGUMENT

PART I – STATEMENT OF FACTS

(A concise overview of your position with respect to the issues of public importance and a concise statement of facts.)

Clearly number each paragraph.

(Page 7	#)
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(Page =	#)
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(Page #	4)
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(Page	#)
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(Page #	#)
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(Page #)

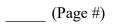
PART II – STATEMENT OF THE QUESTIONS IN ISSUE

(A concise statement of the questions in issue, including any constitutional issue.)

Clearly number each paragraph.

(Page #)

(Page #)	



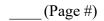
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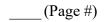
(Page	#)
(Page	#)

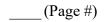
PART III – STATEMENT OF ARGUMENT

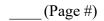
(A concise statement of argument.)

Clearly number each paragraph.













(Page #)

PART V – ORDER OR ORDERS SOUGHT (The order or orders sought, including the order or orders sought with respect to costs.)
Clearly number each paragraph.

(Your signature)

(Page #)

Page	#)
(rage	#)

PART VI – TABLE OF AUTHORITIES

(You may include a table of authorities, arranged alphabetically and setting out the paragraph numbers in Part III where the authorities are cited.)

Legislative enactments, case law, articles, texts and treaties	Paragraph
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PART VII – LEGISLATION

(You may include a photocopy or a printout from an electronic database of provisions of statutes, regulations, rules, ordinances or by-laws.

Page	#`

DOCUMENTS IN SUPPORT

(You may include in chronological order, documents that you wish to rely on.)

Note: If the documents contain transcripts or evidence, only include the relevant parts.

If the documents were included in the record filed with the court appealed from, you may file six copies of that record instead.