IN THE SUPREME COURT OF CANADA

(ON APPEAL FROM)	
(Name of the court appealed from)		
DETWEEN.		
BETWEEN:		
(Name of the applicant as it o	appears on the court of appeal judgment)	
, , , , , , , , , , , , , , , , , , , ,	APPLICANT	
AND:	(Status of party in the court appealed from)	
(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, pl	ease include a separate page	
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 e-mail address, if any)	(If applicable, agent's name, address, telephone number, fax number and e-mail address, if any)	

(Page #)				
Fill out this form along with the accompanying affidavit <u>only</u> if your deadline to file the application has expired.				
BETWEEN	:			
	(Name of the applic	ant as it appears on the court of appeal judgment)		
AND:				
	(Name of the respon	ndent as it appears on the court of appeal judgment)		
	MOTION FO	R EXTENSION OF TIME		
TAKE NOT	TICE that(Your name)	hereby applies to a judge pursuant to section 47 of		
applicant ma		, for an order extending the time within which the cation for leave to appeal or any other order that the		
AND FURT	THER TAKE NOTICE that the	he motion shall be made on the following grounds:		
Clearly num	nber each ground.			
NOTE:	You may include additional	l pages if you have more grounds.		
SIGNED BY				
	(Your signature)	(Date)		

(Page #

AFFIDAVIT IN SUPPORT OF MOTION FOR EXTENSION OF TIME

, DO NEKE	BY MAKE OATH AND SAY A	S FOLLOWS:
(Your name)		
arly number each ground.		
TE: You may include additional pa	iges if needed.	
, i		on
, i	in	
,	in_) (Name of province or territory)	(Date)
, i	inin(Name of province or territory)	
, i	ininin	