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| Notice of Abandonment | | | | | | | | | | | | | | | |
| Form 10, *Criminal Appeal Rules*,Court of Appeal for Ontario | | | | | | | | | | | | | | | |
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| Court File No. (if known) | | | |
|  | M | | | |
| Motion No. (if known/applicable) | | | |
| **COURT OF APPEAL FOR ONTARIO** | | | | | | | | | | | | | | | |
| BETWEEN: | | | | | | | | | | | | | | | |
| **HIS MAJESTY THE KING** | | | | | | | | | | | | | | | |
| (Appellant/Respondent/Applicant/Moving Party/Responding Party) | | | | | | | | | | | | | | | |
| **- and-** | | | | | | | | | | | | | | | |
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| (specify name) | | | | | | | | | | | | | | | |
| (Appellant/Respondent/Applicant/Moving Party/Responding Party) | | | | | | | | | | | | | | | |
| NOTICE OF ABANDONMENT | | | | | | | | | | | | | | | |
| **TAKE NOTICE** that the | | |  | | | | | | | hereby wholly abandons their | | | | | |
|  | | | (appellant, applicant or moving party) | | | | | | |  | | | | | |
|  | | | | | | | |  | | | | | | | |
| (appeal against, application for or motion for) | | | | | | | |  | | | | | | | |
| (indicate the nature of the order and relief sought) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| DATED at |  | | | | | , |  | | | | | | , this |  | day of |
|  | (specify city or town, etc.) | | | | |  | (specify province) | | | | | |  |  |  |
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| (specify month) | |  | |  |  | | | | | | | | | | |
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|  | | | | | | | | | Signature of appellant/applicant/moving party or lawyer | | | | | | |
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|  | | | | | | | | | Specify name and contact information | | | | | | |

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| **(If signed by appellant, applicant or moving party [except for when that party is Attorney General], complete the following or provide an affidavit verifying the signature of the appellant, applicant or moving party.)** | | | |
| I have witnessed the signature of the |  | | . |
|  | (appellant, applicant or moving party) | |  |
|  | |  | |
|  | | Signature of lawyer or officer of the institution or person in charge of the hospital in which the appellant, applicant or moving party is in custody or to which they report | |
|  | |  | |
|  | | Specify name and contact information | |
| TO: The Registrar | | | |
| AND TO: *(Names and contact information of all other parties’ lawyers or other parties)* | | | |
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