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| Notice of Appeal for Inmate Appeal or Combined Notice of Application for Leave to Appeal and Notice of Appeal for Inmate Appeal |
| Form 20, *Criminal Appeal Rules*,Court of Appeal for Ontario |
|  |  | C      |
| Court File No. (if known) |
|  | M      |
| Motion No. (if known/applicable) |
| **COURT OF APPEAL FOR ONTARIO** |
| **NOTE TO APPELLANT:** |
| YOU MUST DELIVER THIS NOTICE TO THE SENIOR OFFICIAL OF YOUR INSTITUTION WITHIN 30 DAYS OF THE DATE YOU WERE SENTENCED. IF THIS NOTICE IS DELIVERED AFTER THAT TIME, YOU MUST APPLY FOR AN EXTENSION OF TIME BY COMPLETING THE LAST SECTION OF THIS FORM. PLEASE ENSURE ALL PARTS OF THIS NOTICE ARE FILLED OUT. |
| **NOTE TO SENIOR OFFICIAL OF INSTITUTION IN WHICH APPELLANT IS IN CUSTODY:** |
| PLEASE COMPLETE THE FOLLOWING: |
|  |
| Notice of Appeal received from appellant on (*date*): |       |
| Name of institution in which appellant is in custody: |       |
| Name of senior official of this institution: |       |
| Signature of senior official of this institution: |  |
| **PLEASE SEND THIS ENTIRE FORM TO:** | Court of Appeal for OntarioOsgoode Hall, 130 Queen Street WestToronto, Ontario M5H 2N5Email: coa.e-file@ontario.ca Fax: (416) 327-5032 |
| To: THE REGISTRAR |
| Appellant: |       |  |
|  | (name of person appealing) |  |
| Date of birth: |       |  |
|  |
| Appeal Information |
| 1. | On |       | , at |       | , |
|  |  | (date) |  | (place) |  |
|  | I was convicted of this offence/these offences: |
|  |       |
| 2. | The proceedings took place before (check one): |
|  | [ ]  | A judge in the Ontario Court of Justice; |
|  | [ ]  | A judge alone in the Superior Court of Justice; or |
|  | [ ]  | A judge and Jury in the Superior Court of Justice. |
| 3. | The name of the Judge was: |       | . |
| 4. | The name of the lawyer who represented me was: |       |
|  |  | (if you were self-represented, please write “self-represented” on the line above) |
| 5. | I pleaded (check one): | [ ]  Guilty | [ ]  Not Guilty |
| 6. | On |       | , I was sentenced to: |
|  |  | (date) |  |
|  |       |
| 7. | Check the box that applies to your case: |
|  | [ ]  | This appeal is the first time I have appealed my conviction and/or sentence; or |
|  | [ ]  | I already appealed my conviction and/or sentence to the summary conviction appeal court, and this is an appeal of the summary appeal court’s decision. |
|  |  | * The date of the summary conviction appeal court decision was:
 |       | . |
|  |  | * The location of the summary conviction appeal court decision was:
 |
|  |  |       | . |
|  |  | * The name of the lawyer who represented me before the summary conviction appeal
 |
|  |  | court was: |       | . |
|  |  |  | (if you were self-represented, write “self-represented” on the line above) |  |
| 8. | I am in custody at this institution: |       | . |
| 9. | I give notice that I want to appeal to the Court of Appeal against: |
|  | [ ]  | Conviction only; |
|  | [ ]  | Sentence only; |
|  | [ ]  | Conviction and sentence; or |
|  | [ ]  | A decision of a summary conviction appeal court. |
|  | and, if I am appealing against sentence or against the decision of a summary conviction appeal court, I am also applying for permission (leave) to appeal to the Court of Appeal. |
| 10. | My reasons for appealing and, if applicable, seeking permission (leave) to appeal, are (continue on back or add in additional paper, if needed): |

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| 11. | I intend to (check one): |
|  | [ ]  | apply to Legal Aid Ontario for a lawyer. |
|  | [ ]  | hire my own lawyer. |
|  | [ ]  | represent myself and argue the appeal in person. |
|  | [ ]  | represent myself and argue the appeal by videoconference. |
|  | [ ]  | represent myself and argue the appeal by audioconference. |
|  | [ ]  | represent myself and argue the appeal in writing. |
| 12 | If a new trial is ordered and I have the right to trial by judge and jury: |
|  |  | [ ]  | I want trial by judge and jury, or |
|  |  | [ ]  | I want trial by judge alone, not by judge and jury. |
| 13. | The time limit for delivering this notice of appeal is within 30 days of the date sentence was imposed. Check one: |
|  |  | [ ]  | I am within the time limit for delivering this notice of appeal. |
|  |  | [ ]  | I am not within the time limit for delivering this notice of appeal and I am applying for an extension of time. The reasons I need an extension are: |

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|  |  |  | **(NOTE: In explaining the reasons why you are asking for an extension, you may wish to provide information about: (i) when you first found out you could appeal; (ii) when you first decided you wanted to appeal; (iii) when you first received the Notice of Appeal form; (iv) whether you also applied for legal aid and, if so, when; (v) whether you consulted a lawyer about an appeal and, if so, when (do not write out what you talked about); and (vi) whether you told a probation or parole officer or other similar person that you intended to appeal and, if so, who and when.)** |
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|  | Appellant’s signature |
|  |       |
|  | Date |
|  |
| **Other Information** |
| 1. | Toll-Free Phone Number for Pro Bono Inmate Appeal Program: 1-855-678-3528 |
| 2. | Toll-Free Phone Number for Legal Aid Ontario: 1-800-668-8258 |