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| Certificate of Perfection |
| Form 19, *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** |
| BETWEEN: |
| **HIS MAJESTY THE KING** |
| (Appellant/Respondent/Applicant/Moving Party/Responding Party) |
| **- and-** |
|       |
| (specify name) |
| (Appellant/Respondent/Applicant/Moving Party/Responding Party) |
| CERTIFICATE OF PERFECTION |
|  |
| I, |       | , lawyer for the appellant (if applicable), certify that: |
|  | (name of lawyer for the appellant or appellant) |  |
| a) | The appeal book, transcript (if applicable) and appellant’s factum have been served and filed; |
| b) | The transcript is complete; |
| c) | If applicable, the estimated total length of time for oral argument is: |       | . |
| d) | The name and contact information for each party and person entitled by statute or an order of the court to be heard on the appeal are: |
|  |       |
| **THE APPELLANT REQUESTS THAT THE APPEAL BE HEARD** (select one): |
| [ ]  | In writing; |
| [ ]  | In person; |
| [ ]  | By videoconference; |
| [ ]  | By audioconference. |
| DATED at |       | , |       | , this |       | day of |
|  | (specify city or town, etc.) |  | (specify province) |  |  |  |
|       | , 20 |    | . |
| (specify month) |  |  |  |
|  |  |
|  | Signature of appellant or lawyer |
|  |       |
|  | Specify name and contact information |
| TO: The Registrar |
| AND TO: *(Names and contact information of all other parties’ lawyers or other parties)* |
|       |