

NOTICE OF TIME AND PLACE FOR SCHEDULING AND/OR STATUS HEARING OF APPEAL

ONTARIO COURT OF JUSTICE
PROVINCE OF ONTARIO
CENTRAL WEST REGION
At Orangeville
Information / Certificate of Offence No(s). _____

Provincial Offences Act, for Parts I, II, and III

TO (name of Appellate): _____ at (address of Appellate or Representative): _____

AND TO (name and address of Respondent on Appeal): _____

TAKE NOTICE that the scheduling and/or status hearing of this appeal in respect of conviction in the Provincial Offences Court at 55 Zina Street, Orangeville, Ontario on (date of conviction/sentence) _____ in respect of the following offence(s) for which the Appellate was charged on (offence date) _____ :

(particulars of offence(s) appealed from. If more than 3, list only the first 3):

Description of Offence	Statute	Section Number

WILL BE SPOKEN TO at the Ontario Court of Justice at 10 Louisa Street, Orangeville, Ontario on _____ in Courtroom 101 at 9:00 a.m. or so soon thereafter as the matter may be heard.

NOTE! Your appeal will NOT be heard on the date set out, above. At that time, the judge will determine if your appeal and any applications/motions are ready to proceed. If all is ready, the Judge will set a date to hear the appeal and any applications/motions. If not, the judge will give directions as to what is required before setting the appeal or applications/motions. You are encouraged to speak with the respondent ahead of time to attempt to reach agreement on as many issues as possible. If agreement is reached, it is possible to deal with it by written consents in advance of the date set out, above.

Given at the Town of Orangeville on (date of issuance of Notice) _____.

Clerk of the Ontario Court of Justice,
Provincial Offences Appeals Court at Orangeville

Certificate of Clerk

I hereby certify that a copy of this Notice of Time and Place of Scheduling/Status Hearing of Appeal was given to the appellate and to the respondent in the manner set out below (check all which apply):

- Appellate by in person Respondent by in person
 Appellate's Representative by in person Other by not applicable

Served and certified by (name of clerk) _____ on (date) _____.

Signature of Clerk of the Court who gave Notice

FOR INFORMATION ON ACCESS
TO ONTARIO COURTS
FOR PERSONS WITH DISABILITIES, CALL
1-800-387-4456
TORONTO AREA **326-0111**

 POUR PLUS DE RENSEIGNEMENTS SUR L'ACCÈS
DES PERSONNES HANDICAPÉES
AUX TRIBUNAUX DE L'ONTARIO, COMPOSEZ LE
1-800-387-4456
RÉGION DE TORONTO **326-0111**