

IN THE SUPREME COURT OF CANADA

(ON APPEAL FROM _____)
(Name of the court appealed from)

BETWEEN:

(Name of the applicant as it 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, please include a separate page*

MOTION FOR EXTENSION OF TIME

(Name of the applicant)

(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)

Fill out this form along with the accompanying affidavit only if your deadline to file the response has expired.

BETWEEN:

(Name of the applicant as it appears on the court of appeal judgment)

AND:

(Name of the respondent as it appears on the court of appeal judgment)

MOTION FOR EXTENSION OF TIME

TAKE NOTICE that _____ hereby applies to a judge pursuant to section 47 of
(Your name)

the *Rules of the Supreme Court of Canada*, for an order extending the time within which the respondent may serve and file his / her response to the application for leave to appeal or any other order that the judge may deem appropriate;

AND FURTHER TAKE NOTICE that the motion shall be made on the following grounds:

Clearly number each ground.

NOTE: *You may include additional pages if you have more grounds.*

SIGNED BY

(Your signature)

(Date)

**AFFIDAVIT
IN SUPPORT OF MOTION FOR EXTENSION OF TIME**

(Sworn affidavit setting out the reason or reasons for the delay.)

I, _____, **DO HEREBY MAKE OATH AND SAY AS FOLLOWS:**
(Your name)

Clearly number each ground.

NOTE: *You may include additional pages if needed.*

Sworn before me in _____ in _____ on _____.
(Name of city, town, etc.) (Name of province or territory) (Date)

(A Commissioner for Oaths)

(Your signature)