**Court File No. \_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COURT OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Criminal Division - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Region)**

**Between:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Applicant/Accused**

 **and**

 **Her Majesty the Queen**

 **Respondent/Plaintiff**

**NOTICE OF APPLICATION FOR RETURN OF CONTROLLED SUBSTANCE**

 **(Pursuant to C.D.S.A S.24(1))**

**TAKE NOTICE THAT upon completion of the prosecution, if unsuccessful, an Application pursuant to S.24(1) of the C.D.S.A, the seized Controlled Substance be returned to Applicant.**

**AND FOR ANY ORDER abridging any time for service or amending**

**any error or omission as to form, color, font, margins,**

**content which the Honourable Justice may allow.**

**Dated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant/Accused Signature**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO: The Registrar of the Court**

**TO: Ministry of Justice**

**Court File No. \_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_ COURT OF \_\_\_\_\_\_\_\_\_\_\_\_**

 **(Criminal Division)**

 **Between:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Applicant/Accused**

 **and**

 **Her Majesty the Queen**

 **Respondent/Plaintiff**

 **AFFIDAVIT OF SERVICE**

**(used only if Crown won't sign)**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, NOTICE OF APPLICATION**

**did personally serve a true copy of**

**this document on the Crown Attorney FOR**

**at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RETURN OF CONTROLLED SUBSTANCE**

**on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_ (C.D.S.A S.24(1))**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Affiant's Signature**

**Sworn before me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on \_\_\_\_\_\_\_, 20\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A COMMISSIONER, ETC**

 **For the Applicant/Accused:

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Tel/fax(if):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Email(if): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**