

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, _____,

did personally serve a true copy of
this document on the Crown Attorney

at _____

on _____, 20____

Affiant's Signature

Sworn before me at _____ on _____, 20____

A COMMISSIONER, ETC

NOTICE OF APPLICATION

FOR

RETURN OF CONTROLLED SUBSTANCE

(C.D.S.A S.24(1))

For the Applicant/Accused:

Name: _____

Address: _____

Tel/fax (if): _____

Email (if): _____