|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Notice of Appeal for Appeal from Order Made Under Part XX.1 – Mental Disorder | | | | | | | | | | | | | | | | | | | | | | |
| Form 21, *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** | | | | | | | | | | | | | | | | | | | | | | |
| **NOTE TO APPELLANT:** | | | | | | | | | | | | | | | | | | | | | | |
| IF YOU ARE THE APPELLANT AND YOU ARE NOT REPRESENTED BY A LAWYER, YOU MUST DELIVER THIS NOTICE TO THE PERSON IN CHARGE OF THE HOSPITAL OR SENIOR OFFICIAL OF THE INSTITUTION IN WHICH YOU ARE IN CUSTODY OR TO WHICH YOU REPORT WITHIN 15 DAYS OF THE DATE YOU RECEIVED THE REASONS FOR THE DECISION YOU ARE APPEALING. IF THIS NOTICE IS DELIVERED AFTER THAT TIME, YOU MUST APPLY FOR AN EXTENSION OF TIME BY COMPLETING THE LAST SECTION (#15) OF THIS FORM. PLEASE ENSURE ALL PARTS OF THIS NOTICE ARE FILLED OUT. | | | | | | | | | | | | | | | | | | | | | | |
| **NOTE TO PERSON IN CHARGE OF HOSPITAL OR INSTITUTION IN WHICH APPELLANT IS IN CUSTODY** **OR TO WHICH THE APPELLANT REPORTS :** | | | | | | | | | | | | | | | | | | | | | | |
| PLEASE COMPLETE THE FOLLOWING: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Notice of Appeal received from appellant on (date): | | | | | | | | | | | | | |  | | | | | | | | |
| Name of hospital/institution in which appellant is in custody: | | | | | | | | | | | | | |  | | | | | | | | |
| Name of person in charge/senior official of this hospital/ institution: | | | | | | | | | | | | | |  | | | | | | | | |
| Signature of person in charge/senior official of this hospital/ institution: | | | | | | | | | | | | | |  | | | | | | | | |
| **PLEASE SEND THIS ENTIRE FORM TO:** | | | | | | | | Court of Appeal for Ontario  Osgoode Hall, 130 Queen Street West  Toronto, Ontario M5H 2N5  Email: [c](mailto:coa-efile@ontario.ca)oa.e-file@ontario.ca  Fax: (416) 327-5032 | | | | | | | | | | | | | | |
| To: The Registrar | | | | | | | | | | | | | | | | | | | | | | |
| IN THE MATTER OF: | | | |  | | | | | | | | | | | | | | |  | | | |
|  | | | | (name of accused) | | | | | | | | | | | | | | |  | | | |
| Accused’s Date of Birth: | | | | | |  | | | | | | | | |  | | | | | | | |
| Appellant: | |  | | | | | | | | | | | | |  | | | | | | | |
|  | | (name of person or institution appealing) | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Information About the Case | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Index Offence(s): | | | | |  | | | | | | | | | | | | | | | | |
| 2. | Verdict at trial (check one): | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Not Criminally Responsible; or | | | | | | | | | | | | | | | | | | | |
|  |  | | Unfit to Stand Trial | | | | | | | | | | | | | | | | | | | |
| 3. | Year of trial (if known): | | | | | |  | |  | | | | | | | | | | | | | |
| 4. | Disposition or placement order being appealed: | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
| 5. | Date of hearing: | | | |  | | | | | | |  | | | | | | | | | | |
| 6. | Place of hearing: | | | | |  | | | | | | | | | | | | | | | | |
| 7. | Name of lawyer who represented accused at hearing: | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |  | | | | | | |
|  | (if accused was self-represented, write “self-represented” on the line above) | | | | | | | | | | | | | | |  | | | | | | |
| 8. | Date of disposition or placement decision: | | | | | | | | | |  | | | | | | | | | |  | |
| 9. | Date of reasons for decision (if released): | | | | | | | | |  | | | | | | | | | |  | | |
| 10. | Date appellant received the reasons (if known): | | | | | | | | | | | |  | | | | | | | | |  |
| 11. | Name of hospital where accused is currently detained or reports to: | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Grounds of Appeal** | | | | | | | | | | | | | | | | | | | | | | |
| 12. | The grounds of appeal (the reasons you think the decision is wrong) are (continue on back or add in additional paper, if needed): | | | | | | | | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 13. | The order you would like the Court of Appeal to make is: |

|  |  |
| --- | --- |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **Legal Representation** | | | | |
| 14. | | If you are the accused person, please check one of these boxes: | | |
|  | |  | I want a lawyer. The lawyer I want is named: |  |
|  | |  | I want a lawyer. Legal Aid Ontario can recommend a lawyer for me. | |
|  | |  | I want to represent myself and argue the appeal in person. | |
|  | |  | I want to represent myself and argue the appeal by videoconference. | |
|  | |  | I want to represent myself and argue the appeal by audioconference. | |
|  | |  | I want to represent myself and argue the appeal in writing. | |
|  | |  | | |
| **Time to Appeal** | | | | |
| 15. | | The time limit for filing this notice of appeal is within **15 days** after the date on which you received the **reasons** for the decision you are appealing. Check one: | | |
|  |  |  | I am within the time limit for delivering this notice of appeal. | |
|  |  |  | I am not within the time limit for delivering this notice of appeal and I am applying for an extension of time. The reasons I need an extension are: | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **(NOTE: In explaining the reasons why you are asking for an extension, you may wish to provide information about: (i) when you first found out you could appeal; (ii) when you first decided you wanted to appeal; (iii) when you first received the Notice of Appeal form; (iv) whether you also applied for legal aid and, if so, when; and (v) whether you consulted a lawyer about an appeal and, if so, when (do not write out what you talked about).** | |
|  | | | |  |
|  | | | | Appellant’s signature |
|  | | | |  |
|  | | | | Date |
| The appellant’s address for service, including email (*if available*) is: | | | | |
|  | | | | |
|  | | | | |
| **Other Information** | | | | |
| Toll-Free Phone Number for Legal Aid Ontario: 1-800-668-8258 | | | | |