

Form 18<sup>1</sup>  
Rule 44(3)  
Guideline #18

File No. \_\_\_\_\_

**IN THE COURT OF APPEAL OF NEWFOUNDLAND AND LABRADOR**

\_\_\_\_\_  
Insert notice that the appeal involves a child if applicable.

**BETWEEN:**

\_\_\_\_\_  
\_\_\_\_\_

**APPELLANT<sup>2</sup>**

**AND:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESPONDENT<sup>3</sup>**

**EXEMPTION FROM PAYMENT OF FEES AND CHARGES**

The \_\_\_\_\_ (party)<sup>4</sup> applies for an exemption from, or suspension of, the payment of the fees and charges payable under the Supreme Court Fees Regulations.

The reasons for the application are set out in the attached affidavit.

Dated at \_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
City or Town Province month year

\_\_\_\_\_  
signature

\_\_\_\_\_  
name of party or lawyer and firm name<sup>5</sup>

The address for service is:

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City or Town, Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name of lawyer handling the file

Counsel for \_\_\_\_\_

To:  
\_\_\_\_\_  
name of opposing party<sup>6</sup> or lawyer and firm name

The address for service is:

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City or Town, Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name of lawyer handling the file

Counsel for \_\_\_\_\_

This application is set to be heard on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
month year  
at 10:00 am.

\_\_\_\_\_  
Court Officer

**EXEMPTION FROM PAYMENT OF FEES AND CHARGES - AFFIDAVIT**

I, \_\_\_\_\_ (name), \_\_\_\_\_ (occupation (optional)) Of

\_\_\_\_\_ (City or Town), \_\_\_\_\_ (Province),

swear/affirm<sup>7</sup> that the following facts are true:

Tick the box for each statement that applies and fill in the blanks:

- I would suffer financial hardship if I was required to pay the fees and charges payable under the Supreme Court Fees Regulations because

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For example, you are unemployed or employed at minimum wage.

- I am in receipt of social assistance. (If you are not presently in receipt of social assistance, but you have been in the past, you may state when and for how long).

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- I applied for legal aid and was refused. I appealed the initial refusal for legal aid to the legal aid commission and was refused:<sup>8</sup>

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- I have taken the following steps in an attempt to arrange my finances so that I could pay all or a portion of the fees and charges:

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The Court will consider whether you have made reasonable financial sacrifices.

Other relevant facts are:

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List any other facts you want the Court to consider.

I make this affidavit in support of my application for an exemption from, or suspension of, the payment of the fees and charges payable under the Supreme Court Fees Regulations.

Sworn/affirmed<sup>9</sup> before me at

\_\_\_\_\_ (City or Town) in the

province of \_\_\_\_\_

\_\_\_\_\_  
signature of deponent

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
month year

\_\_\_\_\_  
signature of Commissioner

<sup>1</sup> If you need extra space to answer any questions, attach an extra page and write “see extra page” beside the answer that needs it

<sup>2</sup> Write name of each Appellant

<sup>3</sup> Write name of each Respondent. Unless you are jointly appealing with another person, every other party is a Respondent.

<sup>4</sup> Choose either “Appellant” or “Respondent” or write the name of the person who is making the application. If you use a person’s name cross out of delete the “the”.

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<sup>5</sup> Choose either “Appellant” or “Respondent” or write the name and address of the party, or the lawyer for the party who is making the application.

<sup>6</sup> Choose either “Appellant” or “Respondent” or write the name and address of the party or parties not making the application or their lawyer. If there is more than one, fill out the name and address of each, separately.

<sup>7</sup> Choose “swear” or “affirm” according to your preference and strike out or delete the other word

<sup>8</sup> You may provide any clarification in the space provided, but this is optional

<sup>9</sup> Choose “swear” or “affirm” according to your preference and strike out or delete the other word