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| Certificate of Transcript Order | | | | | | | | |
| Form 14, *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** | | | | | | | | |
| BETWEEN: | | | | | | | | |
| **HIS MAJESTY THE KING** | | | | | | | | |
| (Appellant/Respondent/Applicant/Moving Party/Responding Party) | | | | | | | | |
| **- and-** | | | | | | | | |
|  | | | | | | | | |
| (specify name) | | | | | | | | |
| (Appellant/Respondent/Applicant/Moving Party/Responding Party) | | | | | | | | |
| CERTIFICATE OF TRANSCRIPT ORDER | | | | | | | | |
| **THIS IS TO CERTIFY** that, pursuant to the *Criminal Appeal Rules*, transcripts of the following proceedings have been ordered for appeal purposes: | | | | | | | | |
| Date of Proceeding,  Court and Judge | Description of Proceeding (note any exclusions) | Searchable Electronic Copy Ordered? | Number of Paper Copies Ordered (if any) | Estimated Number of Pages | | | Date Transcript Ordered | Estimated Completion Date |
|  |  | Y  N |  |  | | |  |  |
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| **THIS IS ALSO TO CERTIFY** that: | | | | | | | | | | |
| 1. | The party ordering the transcripts undertakes, upon being advised that the transcripts are complete, to pay the prescribed fee; | | | | | | | | | |
| 2. | In the event it is necessary to cancel the transcript order, the party ordering the transcript will do so by written communication to the Authorized Court Transcriptionist and undertakes to pay the prescribed fee for work done up to the date of receipt of the notice of cancellation; and | | | | | | | | | |
| 3. | The names and contact information for all other parties’ lawyers or other parties to this appeal are as follows: (insert names and contact information of all other parties’ lawyers or other parties) | | | | | | | | | |
|  |  | | | | | | | | | |
| DATED at | |  | | | | , |  | , this |  | day of |
|  | | (specify city or town, etc.) | | | |  | (specify province) |  |  |  |
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| (specify month) | | |  |  |  | | | | | |

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|  | Signature of ordering party or lawyer |

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|  | Specify name and contact information |

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|  | Signature of Authorized Court Transcriptionist |

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|  | Specify name, contact information and ACT ID |
| TO: The Registrar | |
| AND TO: *(Names and contact information of all other parties’ lawyers or other parties)* | |
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