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| **COURT OF APPEAL FOR BRITISH COLUMBIA** |

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| **FORM 5** | **NOTICE OF HEARING OF APPEAL** ***(RULES 33(2), 34(2) )*** |

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|  | Court of Appeal File No. | The file number can be found on the upper right corner of the Notice of Appeal. |
| Name of the first appellant named on Form 1: Notice of Appeal. | v. |  |
| **To the party(ies) filing the Notice of Hearing of Appeal:****You are required to attach a copy of the orders under appeal to this form.** The court will review any appeal set for one day or longer and may adjust the length. |  | Name of the first respondent named on Form 1: Notice of Appeal. |

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| **Address of the courthouse****where the appeal will be heard** |  |

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| **Date the appeal will be heard** | *DD/MM/YYYY* | time to be confirmed by court scheduler |

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| **Estimated length of appeal in days***The default length for an appeal**is half a day.* | Appellant’s estimate |  | Respondent’s estimate |

I agree to pay all hearing fees payable under Item 5 of Division 1 of Schedule 2 – Court Fees.

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| Date form completed | Name of lawyer or party authorizing filing of this form*DD/MM/YYYY* |  |  |