

APPENDIX OF FORMS
FORM 81K

CERTIFICATE OF SOLICITOR

Court File No _____

IN THE COURT OF QUEEN'S BENCH OF NEW BRUNSWICK
FAMILY DIVISION
JUDICIAL DISTRICT OF

BETWEEN:

Applicant(s)

and

Respondent(s)

CERTIFICATE OF SOLICITOR
(FORM 81K)

Applicant

Address for service: _____
(street and number)

(city, town, village) (province) (postal code)

E-mail address (if any): _____

Telephone number: _____ (work)

_____ (home)

Fax number (if any): _____

Solicitor for applicant

Name of solicitor for applicant: _____

Name of solicitor's firm (if applicable): _____

Address for service: _____
(street and number)

(city, town, village) (province) (postal code)

E-mail address (if any): _____

Telephone number: _____

Fax number (if any): _____

Form 81K

Respondent

Address for service: _____
(street and number)

(city, town, village) (province) (postal code)

E-mail address (if any): _____

Telephone number: _____ (work)
_____ (home)

Fax number (if any): _____

Solicitor for respondent

Name of solicitor for respondent: _____

Name of solicitor's firm (if applicable): _____

Address for service: _____
(street and number)

(city, town, village) (province) (postal code)

E-mail address (if any): _____

Telephone number: _____

Fax number (if any): _____

I, _____, solicitor for the applicant (or the respondent, as the case may be) certify that remuneration for legal services in this proceeding will be paid for under a legal aid program. I ask that the filing fee in this proceeding be waived under Rule 81.20(2)(b).

DATED at _____, this _____ day of _____, 20_____.

Signature of Solicitor for Applicant (or Respondent, as the case may be)