CANADA

PROVINCE OF QUEBEC REGISTRY OF ... (Montreal or Quebec)

No.: (file number at the Court of Appeal)

No.: (file number in first instance)

COURT OF APPEAL

... (your name)

APPELLANT - ... (your position at first

instance)

٧.

(name of the adverse party)

RESPONDENT - (position of adverse party at first instance)

APPEARANCE

I,...(your name), personally appear in this cause.

(Your address)(Your telephone number)(Your fax number, if applicable)(Your email address, if applicable)

...,... (city and date where the appearance will be signed)

(Your signature)

(Your name) Respondent

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