



Legal  
Services  
Society

British Columbia  
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# CFCSA Appeal Opinion Letter Questionnaire

Client name

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LSS file no.

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Counsel name

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Other party(ies)  
name(s)

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Other party's(ies')  
counsel name(s)

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Judge name

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Court location

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Court file no.

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Director's counsel  
name

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Order to be appealed  
from made in

Provincial Court

Supreme Court

Date order made

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Presentation hearing, interim order

Protection hearing, temporary custody order

Supreme Court order following appeal from Provincial Court

Continuing custody order

Other *(Please describe)*



**Grounds of appeal to Supreme Court from Provincial Court**

*Please describe, bearing in mind that the standard of review requires that the appeal court cannot intervene or substitute its analysis of the evidence for the trial judge's analysis.*

**What wrong principle did the trial judge act on?**

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**What material evidence did the trial judge disregard?**

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**How was the trial judge clearly wrong?**

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**Is an application to extend time to file an appeal required?**

*(The time limit is 30 days, beginning on the day after the Provincial Court order was made or extended, or 30 days from the day on which the Supreme Court order was made.)*

Yes

No

**Fresh evidence**

**Is there fresh evidence to be presented?**

Yes

No

**Why was it not presented at trial (if applicable)?**

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**Automatic stays of orders to return children**

*(If you are **responding** to the director's appeal of an order returning children from ministry care)*

**Do you recommend an application to lift the Section 62 automatic stay of the order?**

Yes

No

**Describe how, on the balance of probabilities and taking section 4 of the act into account, it is in the children's best interests to be returned pending the appeal?**

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**Reasons for judgment and supporting documents**

*Attach a copy of the reasons if available. Attach any other key documents or excerpts that support your grounds of appeal (e.g., medical or psychological evidence disregarded by the trial judge). List below all the documents you have attached.*

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**Case authorities**

*Cite any cases that support your position on appeal.*


**Counsel signature**

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**Date**

\_\_\_\_\_

**Note:** If reasons for judgment transcripts are required to complete this opinion letter, please complete an LSS Request for Transcripts Form and fax it to the LSS Appeals Section at (604) 682-0956.

Information provided in this questionnaire is to guide you in completing the form, and should not be relied on as a substitute for your own research into calculating applicable time limits and grounds of appeal.

You may bill for this opinion letter on your trial referral. See Notice to Counsel #47 for more information.

**Please fax this questionnaire to the LSS Appeals Section at (604) 682-0956.**