**FORM TO REQUEST A HEARING OF AN APPLICATION IN THE COURSE OF A PROCEEDING UNDER THE JURISDICTION OF A JUDGE**

**IMPORTANT:** **Please fill out this form and send it with all of the required documents in a single email no later than 9 a.m. on the working day before the hearing to the email address courdepratique117@justice.gouv.qc.ca with a copy (cc) email sent to the adverse party.**

**Court file number:**  505 -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **1** | **Information on the application** |
|  **THE PROCEEDING IS ON THE ROLL OF \_\_\_\_\_\_\_\_\_ IN ROOM 1.17** **DATE** **Date of notification of the application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Nature of the application:** **Psychosocial assessment \_\_\_\_\_** **Attorney for the child \_\_\_\_\_** **Non-compliant child support \_\_\_\_\_** **Application for safeguard measures \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****All documents necessary for the hearing must be in the court record (proceedings, exhibits, affidavits)** |

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| **2** | **Form of hearing** |
| **PLEASE CHOSE ONLY ONE OPTION (PER PARTY): In person Teams/telephone\***Plaintiff [ ]  [ ]  Defendant [ ]  [ ]  Other [ ]  [ ]  \*Please use the link you received to connect (Team or telephone) |

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| **3** | **Contact information for lawyers or self-represented parties****(write clearly)** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:  |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SEE PAGE 2**

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| **4** | **Previous settlement attempts** |
| Have you attempted to settle since the service of the proceeding on the adverse party? [ ]  Yes [ ]  No |

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| **5** | **Time required for submissions**  |
| Reading time required for the judge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Duration: Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Defendant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Proceed by default in person [ ]  Proceed by default by affidavit [ ]  TOTAL DURATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **6** | **Confirmation** |
| By checking the box that follows, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, confirm that I have obtained the adverse party’s  name of lawyer responsible for the fileconsent to submit this form and his or her time required for submissions. [ ]  |