**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 file  consent to submit this form and his or her time required for submissions. | |