**APPLICATION IN THE COURSE OF A PROCEEDING**

**~~-~~ JURISDICTION OF THE SPECIAL CLERK -**

**IMPORTANT**: **Please fill out this form and send it, with the required documents, if any, in a single email, before 1:00 p.m., on the working day before the date set for the application to be presented to the following address, with a copy (cc) email sent to the adverse party:**

**courdepratique117@justice.gouv.qc.ca**

**FILE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THE PROCEEDINGS IS ON THE ROLL OF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IN ROOM 1.17**

 **DATE**

**Postponement (minimum 3 weeks): [ ]  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Homologation of a consent**

**for final judgment:** [ ]

**Homologation of a consent**

**for interim judgment:**

**(minimum 30 days)** [ ]  **valid until \_\_\_\_\_\_\_\_\_\_**

**Homologation of a consent**

**for partial judgment: [ ]**

**Extension of an order:** [ ]  **date of order to be extended** **\_\_\_\_\_\_\_\_\_\_**

 **valid until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Extension of time limit (1st): [ ]  extended until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Suspension of the time limit:** [ ]  **suspended until** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date to be fixed in Room 1.15:** [ ]

**Submissions:** [ ]  **duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other (specify) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**plaintiff**Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cellular: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**defendant**Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cellular: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_otherOffice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cellular: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_otherOfficer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cellular: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please write clearly**

|  |
| --- |
| By checking the box that follows, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, confirm that I have obtained the adverse party’s  Name of attorney responsible for the fileconsent to submit this form. [ ]  |