**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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  other  Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cellular: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  other  Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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 file  consent to submit this form. |