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| CONFIRMATION FORM OF  A HEARING OF AN APPLICATION SCHEDULED IN 1.15 |

**IMPORTANT**: **Please fill out this form and send it, at the earliest, 2 business days before the hearing and, at the latest, by 9:00 a.m. on the working day before the hearing to chantal.bertrand@judex.qc.ca, with a copy (cc) email sent to the adverse party.**

**The parties or their lawyers must confer before sending this form and ensure that the parties have attempted to settle the case. As there is no longer a calling of the roll, a case settled after 9:00 a.m. on the working day before the hearing could unnecessarily postpone another case due to crowding of the trial calendar. Thank you for working well in advance to try to settle the case.**

**SEND ONE FORM PER CASE**

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

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| **1** | **Information on the application** |
| **THE PROCEEDING IS ON THE ROLL OF \_\_\_\_\_\_\_\_\_\_\_ IN ROOM 1.15**  **DATE**  **On the day of the hearing we:**  **A) Seek a postponement by consent**  **(the coordinating judge’s assistant will contact you with a new date. You do not need to appear in court).**  **If an order must be renewed until the next court date,**  **please indicate which one \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **date of judgment**  **B) Will proceed**  **The duration will be \_\_\_\_\_\_\_\_\_\_\_\_\_ including reading time of \_\_\_\_\_\_\_\_\_\_\_**  **The number of witnesses for the plaintiff \_\_\_\_\_\_\_\_\_**  **The number of witnesses for the defendant \_\_\_\_\_\_\_\_\_\_**  **For the other parties \_\_\_\_\_\_\_\_\_\_\_\_\_**  **C) The case has been settled**  **All of the documents required for the hearing must be in the court record on the day of the hearing regardless of the type of hearing** |

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| **2** | **Types of hearing** |
| **PLEASE CHOOSE ONE OPTION (BY PARTY) : In-person Teams/telephone\***  Plaintiff  Defendant  Other  \*Please use the link you received to connect (Teams or telephone) | |

**SEE PAGE 2**

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| **3** | **Contact information of attorneys 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **4** | **Confirmation** |
| 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 and his or her time required for submissions. | |