

## CHECKLIST TO FIX A DATE IN FAMILY MATTERS (B1.01)

File number: 700 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

Nature of the application: \_\_\_\_\_ Classification \_\_\_\_\_

Counsel for the applicant: \_\_\_\_\_ for:  mother /  father /  \_\_\_\_\_

Counsel for the defendant: \_\_\_\_\_ for:  mother /  father /  \_\_\_\_\_

Counsel for the impleaded party: \_\_\_\_\_ for:  child /  \_\_\_\_\_

**JOINT DECLARATION FILED / TOTAL DURATION OF THE HEARING (incl. Reading):** \_\_\_\_\_

*It is preferable for counsel to provide all required documents when the date is fixed to facilitate the verification of the record. If the documents were already filed and new copies cannot be made to expedite the verification of the record's compliance, then the classification number of the documents in the court ledger must be filed for verification purposes.*

REQUIRED DOCUMENTS	Applicant party <sup>1</sup> ledger <sup>1</sup>	SC <sup>1</sup>	Defendant party <sup>1</sup> ledger <sup>1</sup>	SC <sup>1</sup>	NOTE(S)
<b>Certificate</b> of attendance at the information session – art. 417 CCP <b>OR</b>	<input checked="" type="checkbox"/> _____		<input type="checkbox"/> _____		
Undertaking to take part in the information session – art. 417 CCP	<input type="checkbox"/> _____		<input type="checkbox"/> _____		
<b>Statement</b> – art. 444 CCP	<input type="checkbox"/> _____		<input type="checkbox"/> _____		
<b>ALIFORM form</b> (Schedule 1) Including assets and liabilities <b>OR</b>	<input type="checkbox"/> _____		<input type="checkbox"/> _____		
Calculation form or Table ( <b>federal guidelines</b> )	<input type="checkbox"/> _____		<input type="checkbox"/> _____		
<b>Recent income tax return</b>	<input type="checkbox"/> _____		<input type="checkbox"/> _____		
<b>Recent notice of assessment</b>	<input type="checkbox"/> _____		<input type="checkbox"/> _____		
<b>THREE pay slips</b> (if employee) <b>or</b>	<input type="checkbox"/> _____		<input type="checkbox"/> _____		
<b>Financial statements</b> (if self-employed) <b>or</b>	<input type="checkbox"/> _____		<input type="checkbox"/> _____		
<b>Proof of income (if receiving grants / assistance benefits / etc.)</b>	<input type="checkbox"/> _____		<input type="checkbox"/> _____		
<b>Schedule III</b> – if provision for costs or support between spouses	<input type="checkbox"/> _____		<input type="checkbox"/> _____		

<sup>1</sup> **INSTRUCTIONS:** (a) check the box if you file the required document on the same day;  
(b) check the box and write *the ledger classification* number *beside it* if the document has already been filed into the record to confirm that it was produced.

Column "SC" for each document is for the exclusive use of the Special Clerks (SC) for verification purposes.