

<b>CANADA PROVINCE OF QUÉBEC</b>  District of _____  NO: _____	<b>SUPERIOR COURT</b>  DATE : _____
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**JOINT DECLARATION FOR THE PURPOSE OF SCHEDULING  
A HEARING**

- Without evidentiary hearing : complete Part One only**
- With evidentiary hearing : complete Part One and the relevant sections of Part Two**

**1. IDENTIFICATION OF COUNSEL AND/OR OF SELF-REPRESENTED PARTIES**

APPLICANT	LAWYER(S) IN CHARGE
<b>NAME 1</b>	<b>NAME</b>
	<b>LAW FIRM</b>
	<b>ADDRESS</b>
	<b>TELEPHONE</b>
	<b>FAX</b>
	<b>E-MAIL</b>

RESPONDENT	LAWYER(S) IN CHARGE
<b>NAME 1</b>	<b>NAME</b>
	<b>LAW FIRM</b>
	<b>ADDRESS</b>
	<b>TELEPHONE</b>
	<b>FAX</b>
	<b>E-MAIL</b>

OTHER PARTY(IES)	LAWYER(S) IN CHARGE
<b>NAME 1</b>	<b>NAME</b>
	<b>LAW FIRM</b>
	<b>ADDRESS</b>
	<b>TELEPHONE</b>
	<b>FAX</b>
	<b>E-MAIL</b>

**PART ONE**

**2. TYPE OF MOTION**

Nature of the application to be scheduled : \_\_\_\_\_  
Application presented by: \_\_\_\_\_  
Nature of the action on the merits: \_\_\_\_\_  
Amount in dispute, if any: \_\_\_\_\_

**3. READING TIME REQUIRED FOR THE JUDGE**

DURATION :	
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**4. TIME REQUIRED FOR TESTIMONY OF WITNESSES IN THE CASE OF AN EVIDENTIARY HEARING (for details, see section 10)**

DURATION :	
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**5. PLEADINGS**

	DURATION
APPLICANT	
RESPONDENT	
OTHER PARTY(IES)	
<b>TOTAL DURATION OF PLEADINGS</b>	

**TOTAL DURATION OF THE HEARING:** \_\_\_\_\_  
*(Calculate on the basis of 5 HRS a day)*

**REPRESENTATIONS AND UNDERTAKINGS**

I hereby declare that I am ready to proceed in accordance with the representations made herein.

**HEARING IN FAMILY MATTERS**

I confirm having filled out the Checklist to fix a date in family matters, which is appended to the Joint Declaration

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
RESPONDENT

\_\_\_\_\_  
OTHER PARTY(IES)

**PART TWO: WITH EVIDENTIARY HEARING**

**6. ADMISSIONS**


**7. EXHIBITS COMMUNICATED TO BE USED FOR THE MOTION**

EXHIBIT NUMBER <sup>1</sup>	DESCRIPTION (or indicate only the exhibit number and attach a list of exhibits)	CONTENT ADMITTED	ADMISSION OF AUTHENTICITY WITHOUT ADMISSION OF CONTENT	ADMISSION OF RECEIPT WITHOUT ADMISSION OF CONTENT
<b>APPLICANT</b>				
<b>RESPONDENT</b>				
<b>OTHER PARTY(IES)</b>				

**8. EXPERT REPORTS SUBMITTED FOR THE HEARING OF THE MOTION**

<p><b>The experts have reconciled their opinions in accordance with Art. 240 C.C.P. (check):</b>    YES <input type="checkbox"/>   NO <input type="checkbox"/></p> <p><b>If yes, please identify:</b></p>		
EXHIBIT NUMBER	NAME OF EXPERT	AREA OF EXPERTISE
<b>APPLICANT</b>		
<p><b>The party has communicated the curriculum vitae, statements of account and expert’s current fee schedule<sup>2</sup>:</b>   YES <input type="checkbox"/> (check)</p>		

<sup>1</sup> THE PARTIES SHOULD AVOID DUPLICATING EXHIBITS; IF AN EXHIBIT HAS BEEN FILED BY A PARTY, THE OTHER PARTY SHOULD REFER TO SAID EXHIBIT WITHOUT FILING IT AGAIN. IF MORE THAN ONE PARTY HAS FILED AN EXHIBIT, PLEASE INDICATE ALL OF THE NUMBERS UNDER WHICH SAID EXHIBIT HAS BEEN FILED.

<sup>2</sup> ART. 18.2 R.C.P.: “THE PARTY WHO PRODUCES AN EXPERT REPORT MUST AT THE SAME TIME PRODUCE ITS AUTHOR’S CURRICULUM VITAE, A STATEMENT OF ACCOUNT TO DATE AND THE EXPERT’S CURRENT FEE SCHEDULE FOR THE EXPERT’S PRESENCE AT A TRIAL ON THE MERITS.”



RÉSERVÉ AU JUGE OU AU GREFFIER SPÉCIAL

SUR LA FOI DES REPRÉSENTATIONS CI-DESSUS FAITES PAR LES PARTIES, L'AUDITION DE LA OU DES REQUÊTES (COTE(S) \_\_\_\_\_) EST FIXÉE POUR UNE DURÉE DE \_\_\_\_\_ JOURS.

DATE(S) DE L'AUDIENCE : \_\_\_\_\_  
DU PALAIS DE JUSTICE DE \_\_\_\_\_.

SALLE \_\_\_\_\_

\_\_\_\_\_, LE \_\_\_\_\_ 201\_

SIGNATURE \_\_\_\_\_

HONORABLE (NOM) \_\_\_\_\_

OU GREFFIER SPÉCIAL (NOM) \_\_\_\_\_

RÉSERVÉ AU JUGE OU AU GREFFIER SPÉCIAL

THIS SECTION RESERVED FOR THE JUDGE OR THE SPECIAL CLERK

SUR LA FOI DES REPRÉSENTATIONS CI-DESSUS FAITES PAR LES PARTIES, L'AUDITION DE LA OU LES DEMANDES (COTE(S) \_\_\_\_\_) EST FIXÉE POUR UNE DURÉE DE \_\_\_\_\_ HEURES.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE(S) DE L'AUDIENCE : \_\_\_\_\_  
DU PALAIS DE JUSTICE DE \_\_\_\_\_.

SALLE \_\_\_\_\_

\_\_\_\_\_, LE \_\_\_\_\_ 20\_

SIGNATURE \_\_\_\_\_

HONORABLE (NOM) \_\_\_\_\_

OU GREFFIER SPÉCIAL (NOM) \_\_\_\_\_