REQUEST TO SCHEDULE FAMILY MOTION (LESS THAN 1 HR)

Superior Court of Justice Family Branch – Barrie

Contact Trial Coordinators' Office for available dates at 705-739-6442. Dates will not be reserved until this form is received by the Trial Coordinator and approved.

Fax requests to the Trial Coordinator at 705-739-6099 or attend in person at Trial office Rm 412.

Date submitted:		**Court file no.: FC-** YY - FILE NO. - EXTENSION	
Applicant:		**Respondent:**	
Counsel:		**Counsel:**	
Tel:	**Fax:**	**Tel:**	**Fax:**
Other party:		**Counsel:**	
Tel:	**Fax:**	**Fax:**	

Case conference on these issues was held: _____ (Date) **before: Justice** _____

Motion requested by:	**Issues of Motion:**
Will there be a Cross-motion? ☐ Yes ☐ No	**Issues of Motion:**

Motion dates requested (Thursdays only):

Have the parties agreed on the motion dates requested? ☐ **Yes** ☐ **No**

Material to be served and filed as follows:

Motion: ___ days (served 4 business days and filed no later than 2 business days by 2 p.m. before hearing.)

Response / Cross-motion (if any): ___ days (2 business days by 2 p.m. before hearing.)

Reply: ___ days (no later than 2 business days by 2 p.m. before hearing.)

Reply on cross-motion: ___ days (no later than 2 business days by 2 p.m. before hearing.

No late materials, even by consent, after time limit for reply.

Estimate of time commitment by parties for argument no more than (if less indicate):

20 minutes for moving party _____	20 minutes for response (and cross-motion) _____
5 minutes for reply (and response to cross-motion) _____	5 minutes for reply on cross-motion (if any) _____

Total time allotted for motion including decision not to exceed 1 hour.

_____ or _____ _____

Applicant/counsel (signature) Respondent/counsel (signature) Other counsel (signature)

COURT USE ONLY

Approved by: _____ or _____

Judge **Trial Coordinator**

Scheduled Date: **Time:**

PLEASE ADVISE TRIAL COORDINATOR A.S.A.P. IF MOTION SETTLES OR DATE IS NOT REQUIRED THANK YOU.