Court File No.

**COURT OF APPEAL FOR ONTARIO**

**BETWEEN:**

NAME

Plaintiff

(Appellant) (or Respondent)

and

NAME

Defendant
(Appellant) (or Respondent)

**JOINT REQUEST FOR PRE-HEARING SETTLEMENT CONFERENCE FORM**

We, the undersigned, jointly request a pre-hearing settlement conference for the purpose of seeking to settle the appeal in this proceeding.

We agree to respect the confidential nature of all matters discussed in the pre-hearing settlement conference by the participants in the conference.

Date:

NAME

ADDRESS

CITY

POSTAL CODE

**Name and address of appellant’s law firm or of appellant if self-represented**

NAME

**Name of counsel/appellant if self-represented**

NAME

**Name of appellant(s) being represented**

PHONE NUMBER

EMAIL ADDRESS

**Phone number and email address of counsel or appellant if self-represented**

NAME

ADDRESS

CITY

POSTAL CODE

**Name and address of respondent’s law firm or of appellant if self-represented**

NAME

**Name of counsel/ respondent if self-represented**

NAME

**Name of respondent (s) being represented**

PHONE NUMBER

EMAIL ADDRESS

**Phone number and email address of counsel or respondent if self-represented**