**REQUEST FOR SPECIAL BAIL HEARING COURT**

(Matters of such length that they cannot be accommodated in regularly scheduled bail courts)

**\*\*Crown and defence counsel are to complete this section of the form.**

**\*\* Counsel must advise the Trial Coordinator and Office of the Regional Senior Justice of the Peace of any special bail hearing that will not be proceeding as far in advance as possible.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Court Location:** |  | |  | **Information #:** |  |
|  |  | |  |  |  |
| **Accused:** | R v. |  | | | |
|  |  |  | | | |
| **Charge(s):** |  | | | | |
|  |  | |  |  |  |
| **Arrest Date:** |  | |  | **Next Court Date:** |  |
|  |  | |  |  |  |

|  |  |
| --- | --- |
| **Defence Counsel name and E-mail:** |  |
| **Crown Counsel name and E-mail:** |  |

|  |  |
| --- | --- |
| **Defence estimate of time required for hearing in hours or portion of day:** |  |
| **Crown estimate of time required for hearing in hours or portion of day:** |  |

Matter will proceed in  English  French . Interpreter required:  No    Yes     Language:

Check if one applies:  Gladue / s. 493.2(a) (Indigenous accused)  
 s. 493.2(b) (accused from vulnerable / over-represented / disadvantaged population)

Accessibility accommodation needed: No  Yes  Please describe:

**Party / counsel availability** (provide dates when counsel and any proposed sureties and witnesses are available)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Defence: |  | | | | |  |
|  |  |  | |  |  | |
| Crown: |  | | | | |  |
|  | | |  | | | |

**\*\*To be completed by judicial official who conducts the special bail hearing conference:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Special Bail Hearing Required?** | | | | | | No  Yes | | | Time estimate: | | | |  | |
|  | | | | | |  | | |  | | |  | | |
| **Mode of Appearance** | | | | | ACCUSED  In person  Video  Audio | | | | | | DEFENCE  In person  Video  Audio | | | |
|  | | | | CROWN  In person  Video  Audio | | | | WITNESS/SURETY  In person  Video  Audio | | | | | | |
| **Comments** | | | |  | | | | | | | | | | |
|  | | | |  | | | | | | | | | | |
|  |  | Additional hearing details are set out in the attached “Special Bail Hearing Conference Report” | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | |
|  | | | | | | |  | | |  | | | |
| Name / Signature of Judicial Official | | | | | | |  | | | Date | | | |

**\*\* To be completed by the trial coordinator**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE(S) SCHEDULED BY TRIAL COORDINATOR:** | | | | | | | | | | | | | | |
| Courtroom # | | | |  | | **on** |  | | | | | | |  |
|  | | | |  | |  |  | | | | | | |  |
| **Continuation dates if necessary:** | | | | | | | | | | | | | | |
|  | Courtroom # | |  | | **on** |  | |  | Courtroom # | |  | **on** |  | |
|  |  | |  | |  |  | |  |  | |  |  |  | |
| **Comments** | |  | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |
|  | | | | | | | | |  |  | | | | |
| Trial Coordinator, Ontario Court of Justice | | | | | | | | |  | Date | | | | |