|  |  |  |  |
| --- | --- | --- | --- |
| Civil File Number |       | Date |       |
| Superior Court of Justice – Civil ListChambers Appointment Hearing Request Form – Long Trials |
| **A** | PLEASE NOTE: The chambers appointment procedure is only for urgent, scheduling and consent matters which take no longer than 15 minutes. This restriction will be enforced. This matter is (tick one or more) |
|  |
|  | [ ]  urgent [ ]  scheduling [ ]  consent [ ]  other (explain in Block D) |
| **B** | Short Title of Proceeding: |
|  |       |
| **C** | Date(s) requested: |
|  |       |
| **D** | The following is a brief description of the matter to be considered at the chambers appointment: |
|  |       |
| **E** | List the materials that will be necessary for the chambers appointment. (It is the responsibility of counsel to confirm that the proper materials are available for the Court) |
|  |       |
| **F** | Is any Judge seized of this matter, case managing this matter, or are there any judicial conflicts? |
|  | [ ]  No |
|  | [ ]  Yes (identify case management/seized Judge) |       |  |
|  | [ ]  Yes (identify conflicted Judge) |       |  |
|  |  |
| **G** | Is there a self-represented party involved? | [ ]  | Yes | [ ]  | No |
|  |
| **Counsel for Applicant/Moving Party** | **Counsel for Other Party** |
| **Party** |       | **Party** |       |
| **Counsel**(Print and sign or initial) |       | **Counsel**(Print and sign or initial) |       |
| **Address** |       | **Address** |       |
| **Phone** |       | **Phone** |       |
| **Fax** |       | **Fax** |       |
| **Email** |       | **Email** |       |
| (If more than 2 parties are involved, add additional signatures and particulars on reverse or separate page.) |
| To be submitted to: | Civil Trial Office, 330 University Avenue, 7th Floor, Toronto, ON. |
| **E-Mail:**  | **SCJ.TorontoChambers.ApptLongTrials@ontario.ca** |
| **Endorsement/Disposition** [ ]  See attached Yellow Endorsement Form. |