

ONTARIO
SUPERIOR COURT OF JUSTICE BANKRUPTCY COURT
HEARING REQUEST FORM

IN THE MATTER OF
In, Ontario

- A. The estimated time for the hearing of this matter is ___ mins. ___ hours ___ day(s)
B. [] Regular List (up to 1 hour) [] Special Appointment (1 hour to 1 day) [] extended matter over 1 day

Please complete the Special Appointment Scheduling form for all requests 1 hour or more and submit together with this hearing request form

- C. The nature of this hearing in this matter is:
[] Discharge of Bankrupt [] Motion for
[] Court approval of Proposal [] Trustee opposed bankruptcy discharge
[] Discharge of Trustee [] Creditor opposed bankruptcy discharge
[] Appeal from Trustee's disallowance of Proof of Claim [] Motion to Vary Bankrupt Discharge order

D. Matter is [] Opposed [] On consent [] Unopposed

E. State the date(s) and time(s) requested for hearing the matter that has (have) been arranged with the other counsel or Trustee

F. Specify when this matter was last dealt with and by which Judge/Registrar:

G. The following materials will be necessary for the matter to be considered:

NOTE: You must attend the courthouse to pull materials that you are relying on for your hearing.

H. Court Hearing Requirements:

Security [] Yes [] No Reporter [] Yes [] No

Other

Date Filed:

Applicant/moving party:
Party:
Counsel (include LSO #) or Trustee Appearing:
Address:
Phone:
Fax:
Email:

Other party:
Party:
Counsel (include LSO #) or Trustee Responding:
Address:
Phone:
Fax:
Email:

(If more than 2 parties involved, add additional signatures and particulars on reverse or separate page)

To be submitted to: Toronto Bankruptcy Court Office
330 University Avenue, 9th Floor, Toronto, Ontario M5G 1R7
Preferred - Email: toronto.bankruptcy@ontario.ca
Tel: 416-327-5044

Bankruptcy Office Use:
Booked for:
Materials due by:

Party Type:
Party Name:
Counsel
(include LSO #)
or Trustee
Responding:

Party type:
Party name:
Counsel
(include LSO #)
or Trustee
Responding:

Print and sign or initial
Address:

Phone:
Fax:
Email:

Print and sign or initial
Address:

Phone:
Fax:
Email: