

**ONTARIO**  
**SUPERIOR COURT OF JUSTICE**  
**< 5 A - C B BANKRUPTCY COURT REQUEST FORM**

**IN THE MATTER OF** \_\_\_\_\_  
 (name of bankrupt)

In the City/Township/Municipality/Region of \_\_\_\_\_, Ontario.  
 (please include the city/township/municipality and region)

A. The estimated time for the hearing of this matter is: \_\_\_\_\_ mins. \_\_\_\_\_ Hours \_\_\_\_\_ day(s)

In-writing                                      Tele/Videoconference                                      Appearance\*

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

B. Please select the nature for the hearing in this matter

IN-WRITING FOR:		HEARING REQUIRED FOR:	
	Discharge of bankrupt (Conditions met)		Taxations (Trustee)
	Discharge of Bankrupt, withdrawal of opposition or consent		Taxations (Bills of Cost)
	Discharge of trustee		Motion for:
			Discharge of Bankrupt
			Opposed taxations
			Motion for:

C. The matter is:      Unopposed                      Opposed                      On consent

D. Is there a date after which this matter must be scheduled?      Yes      No  
 If yes, what is the date \_\_\_\_\_  
 Is a reporter required?                      Yes      No  
 For appearance matters, is security required?                      Yes                      No

E. State the date(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:** It is the responsibility of the parties to electronically file all materials that are being relied on for the hearing. Materials must be submitted to the email address below three days in advance of the hearing.

**Please complete the following information:**

Applicant/ moving party:		Other party:	
Counsel (include LSO #)		Counsel (include LSO #)	
Trustee appearing:		Trustee responding:	
Sign or initial		Sign or initial	
Address:		Address:	
Phone:		Phone:	
Email:		Email:	

If there are more than two parties involved, add additional signatures and particulars on a separate page.

Date submitted: \_\_\_\_\_

Please submit this form to: [Hamiltonciviloffice@ontario.ca](mailto:Hamiltonciviloffice@ontario.ca)

**\* If you have selected an in-court appearance, please provide an explanation outlining the reasons for this request.**

Bankruptcy office use only	
Scheduled by:	
Scheduled date:	
Materials due by:	

For Masters use only	