Court File No.

 ***ONTARIO***

**SUPERIOR COURT OF JUSTICE BANKRUPTCY COURT**

**SPECIAL APPOINTMENT SCHEDULING FORM**

IN THE MATTER OF (THE NAME OF THE BANKRUPT)

In (City/Township/Region), Ontario

DATE MOTION FILED:

**PLEASE NOTE: THIS FORM MUST BE COMPLETED AND RETURNED TO THE BANKRUPTCY COURT OFFICE PRIOR TO A SPECIAL APPOINTMENT BEING SCHEDULED.**

The purpose of this form is to provide the Registrars in Bankruptcy with information to Assess the readiness of the case for hearing, estimate the probable length of the hearing, and to establish a fixed hearing date.

The Moving Party is expected to attempt to consult with all concerned parties and to seek their assistance with the information to be provided.

Please provide a Brief factual overview and nature of relief sought\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Party | Name  | Telephone | Fax No. | email |
| Trustee |  |  |  |  |
| Lawyer for Trustee |  |  |  |  |
| Bankrupt |  |  |  |  |
| Lawyer for trustee |  |  |  |  |
| OSB |  |  |  |  |
| Lawyer for OSB |  |  |  |  |
| Other (Specify) |  |  |  |  |
|  |  |  |  |  |

1. Parties’ current **best estimate in minutes for complete hearing of matter** \_\_\_\_\_\_\_\_\_\_\_\_
2. **Percentage estimate of resolution by parties prior to hearing** \_\_\_\_\_\_\_\_\_\_\_\_\_
3. Case type:

Bankrupt’s discharge application [ ]

Motion [ ]

Specify relief sought/type of motion:

Taxation of Statement of Receipts and Disbursements [ ]

Taxation of Legal Bill(s) [ ]

Trustee’s Discharge Application [ ]

Other:\_\_\_\_\_\_\_\_\_\_\_ [ ]

1. Is any party self represented? YES NO
2. Is a translator required? YES NO Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Is oral testimony of any nature required? YES NO

1. If the long hearing relates to a motion:

Have all motion materials been prepared? YES NO

If not, when will the materials be served? YES NO

Are cross examinations expected? YES NO

Have all undertakings and/or refusals been answered? YES NO

By what date will examinations be completed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are any interlocutory motions required? YES NO

If so, have they been booked? YES NO

Please specify date:

Will factums be required? YES NO

 If so, have they been exchanged? YES NO

 If not, please specify date of anticipated exchange:

1. Are any pre-hearing examinations required? YES NO

If so, please specify the date agreed upon and booked:

Are transcripts available? YES NO

If not, please specify when transcripts will be available:

1. IF Oral Examinations before the Registrar are anticipated please complete the following table:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Witness name | Party calling witness | Length of direct examination | Length of cross examination | Length of re-direct | Total length |
|  |  |  |  |  |  |
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**I HEREBY CERTIFY THAT ON BEHALF OF THE MOVING PARTY I HAVE ACCURATELY ANSWERED ALL OF THE QUESTIONS AND THAT I HAVE CONSULTED WITH ALL OTHER LAWYERS/PARTIES FOR THE PURPOSE OF COMPLETING THIS FORM.**

Date:

 Signature:

 Print Name:

**FOR COURT USE ONLY:**

**ENDORSEMENT:**

Date:

 Registrar