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| **SUPERIOR COURT OF JUSTICE-BRAMPTON****REQUISITION TO ATTEND LONG MOTION TRIAGE COURT (Civil and Family)**  | 7755 Hurontario Street, Suite 100Brampton ON L6W 4T6Email: scjtrialofficebrampton@ontario.ca |
| Requisition to Attend a Long Motion Triage Court before a Judge to Schedule (select one of the following): |
|  | **[ ]  Hearing Date for Long Motion or Application** **[ ]  Hearing Date for Summary Judgment Motion** **[ ]  Timetable to be Scheduled** **[ ]  Other contested Issue (please described) -**  |
| \*\*\* Please return this completed form in **Microsoft Word format** by email to: scjtrialofficebrampton@ontario.caLong Motion Triage Court will be held virtually every Tuesday at 9 :00 amUpon receipt of this requisition, the trial office will email you the triage date and zoom details |
| **Court File Number:**  |
| **Full Title of Proceeding (List all Parties in the Title of Proceeding):**  |
|  |
| **Moving Party Is:** |
|  | **[ ]  Plaintiff/Applicant/Appellant**  |
|  | **[ ]  Defendant/Respondent**  |
|  | **[ ]  Other**  |

**NATURE OF THE LONG MOTION**

|  |  |
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| 1. Estimated total time for oral argument by all parties:
 |  |
| 1. Nature of the action or application:
 |  |
| 1. Rule(s) or statutory provisions under which the motion / application is brought:
 |  |
| 1. Is the motion seeking summary judgment?
 |  |
| 1. Is any party self-represented? If so, which party(s)
 |  |
| **Name of Party and Lawyer Scheduling the Motion:** |  |  |
|  |  | Name and Firm (please type or print clearly) |
| YYYY-MM-DD |  |  |
| Date |  | Telephone Number and Email Address |

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| **Name of Party and Lawyer Responding:**  |  |  |
|  |  | Name and Firm (please type or print clearly) |
|  |  |  |
|  |  | Telephone Number and Email Address |
| **Name of Party and Lawyer Responding:**  |  |  |
|  |  | Name and Firm (please type or print clearly) |
|  |  |  |
|  |  | Telephone Number and Email Address |
| **Name of Party and Lawyer Responding:**  |  |  |
|  |  | Name and Firm (please type or print clearly) |
|  |  |  |
|  |  | Telephone Number and Email Address |
| **Name of Party and Lawyer Responding:**  |  |  |
|  |  | Name and Firm (please type or print clearly) |
|  |  |  |
|  |  | Telephone Number and Email Address |
| **Name of Party and Lawyer Responding:**  |  |  |
|  |  | Name and Firm (please type or print clearly) |
|  |  |  |
|  |  | Telephone Number and Email Address |

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| **For Court Use Only** |

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| **ONTARIO SUPERIOR COURT OF JUSTICE (BRAMPTON)** | **LONG MOTION TRIAGE COURT ENDORSEMENT****Court File No.:**  |
|  |
| **Presiding Judge:** | **CPC#:** |  |
|  | **DATE:** | YYYY-MM-DD |

Counsel attending (if different than listed above):

Plaintiff:

Defendant:

Other:

**ENDORSEMENT**

**[ ]  (where applicable) The Timetable Schedule set out on the next page is ordered.**

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| **DATE:**  | **Judge’s Signature** |  |

| Court File No:  |  |
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**SCHEDULE**

**TIMETABLE**

* **MOVING PARTY’S MOTION RECORD, APPLICATION RECORD, TO BE DELIVERED BY:**
* **RESPONDING PARTY RECORD TO BE DELIVERED BY:**
* **REPLY RECORD, IF ANY, TO BE DELIVERED BY:**
* **CROSS-EXAMINATIONS, IF ANY, TO BE COMPLETED BY:**
* **UNDERTAKINGS TO BE ANSWERED BY:**
* **MOTION FOR REFUSALS TO BE SERVED BY:**
* **MOVING PARTY OR APPLICANT’S FACTUM TO BE DELIVERED BY:**
* **RESPONDING PARTY FACTUM TO BE DELIVERED BY:**
* **APPROVED HEARING DATE:**
* **ANY ADDITIONAL TIMETABLE ITEMS:**

**THE PARTIES SHALL COMPLY WITH ALL PRACTICE DIRECTIONS/ NOTICE TO THE PROFESSION ISSUED FOR THE CENTRAL WEST REGION APPLICABLE TO THIS MOTION OR APPLICATION, INCLUDING THE REQUIREMENTS FOR FILING DOCUMENTS AND UPLOADING THEM TO CASELINES**