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| **SUPERIOR COURT OF JUSTICE-BRAMPTON**  **REQUISITION TO ATTEND LONG MOTION TRIAGE COURT (Civil and Family)** | | | 7755 Hurontario Street, Suite 100  Brampton ON L6W 4T6  Email: [scjtrialofficebrampton@ontario.ca](mailto: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.ca](mailto:scjtrialofficebrampton@ontario.ca)  Long Motion Triage Court will be held virtually every Tuesday at 9 :00 am  Upon 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) |
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|  |  | 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) |
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|  |  | 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**