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| SUPERIOR COURT OF JUSTICE**TORONTO REGION ESTATES LIST CONFIRMATION FORM** |
| Estates List Court File No.: | Date Filed: |

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| In the Matter of: |

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| Title of Proceeding: |
| Hearing Date: |

Have counsel/parties contacted the other party(ies) to discuss the scheduling appointment/hearing?

Yes [ ]  No [ ]  If “No”, explain why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a self-represented party in this matter? Yes [ ]  No [ ]

Is court security required at the appointment/hearing? Yes [ ]  No [ ]

The time allocated to the appointment/hearing is: \_\_\_\_\_\_\_\_\_\_ hours/min or \_\_\_\_\_\_\_\_\_\_\_ day(s).

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| Estimated time for applicant(s)/moving party(ies): |
| Estimated time for respondent(s)/responding party(ies): |

|  |  |
| --- | --- |
| **SCHEDULING APPOINTMENT** | **HEARING** |
| Check all that apply:[ ]  Scheduling [ ]  Adjournment [ ]  Contested[ ]  Directions [ ]  Consent Order (that cannot be made in writing) [ ]  Other (describe): | Briefly describe primary relief or direction sought: |

|  |  |  |
| --- | --- | --- |
| Counsel/Moving Party/Applicant |  | Signature |

|  |  |  |
| --- | --- | --- |
| Counsel/Responding Party/Respondent |  | Signature |

**To be submitted by Email:** **toronto.estateslist@ontario.ca** **or**

to Estates Trial Scheduling Office, 330 University Avenue, 7th Floor, Toronto, ON

**IMPORTANT NOTICE**: This form must be filed with the Estates Trial Scheduling Office 5 business days prior to the appointed time for the hearing. Failure to do so will cause the matter to be struck off the list.