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| Civil File Number |       | Date |       |
| Superior Court of Justice – Civil ListChambers Appointment Hearing Request Form(Case Conference – Rule 50.13) |
| **PLEASE NOTE:** Chambers appointments are for consent, unopposed or opposed timetabling matters only under Rule 50.13.Chambers appointments are scheduled for 15 minutes. **This time allotment will be enforced.**If the requested relief falls under the jurisdiction of an Associate Judge under Rule 48.14(4), parties are required to follow the procedure under that rule. This form is not applicable. |
| Please indicate if the requested relief is:  | [ ]  on consent | [ ]  unopposed | [ ]  opposed |
| Short Title of Proceeding: |
|       |
| Date(s) requested: |
|       |
| Is there a hearing date scheduled? | [ ]  No | [ ]  Yes | If so, please indicate date: |       |
| Is the hearing regarding: | [ ]  A) Motion | [ ]  B) Application | [ ]  C) Trial |
| Please indicate if this chambers appointment request is with respect to one of the following: |
| [ ]  | Establish a new timetable or amend an existing timetable regarding an application or motion |
| [ ]  | Establish a new timetable or amend an existing litigation timetable for the proceeding |
| [ ]  | For existing timetables: |
|  | Please indicate if it was set by a: | [ ]  Judge or | [ ]  Associate Judge |
| Please provide further explanation: |
|       |
| List the materials that will be necessary for the chambers appointment. The parties may not submit any affidavit or motion materials. |
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| Please provide a brief explanation of the requested relief below: |
|       |
| Parties may submit email correspondence outlining details of the issues to be discussed in the chambers appointment. Email correspondence should be no longer than 1 page in length. |
| **Counsel for Applicant/Moving Party** | **Counsel for Other Party** |
| [ ]  **Self-Represented** | [ ]  **Self-Represented** |
| **Party** |       | **Party** |       |
| **Counsel**(Print and sign or initial) |       | **Counsel**(Print and sign or initial) |       |
| **Address** |       | **Address** |       |
| **Phone** |       | **Phone** |       |
| **Email** |       | **Email** |       |
| (If more than 2 parties are involved, add additional signatures and particulars on reverse or separate page.) |
| **Please email form to:** | Torontochambers.appointments@ontario.ca  |
| **IMPORTANT: Please attach related / previous Endorsements or Court ordered timetables.** |