|  |
| --- |
| ONTARIO |
| Superior Court of Justice, Family Court |  | Court File Number      |
| (Name of court) |  |
| **at** |       | Request for a Virtual Hearing |
|  | Court office address |
| Applicant(s) |
| Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). |  | Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). |
|       |       |
| Respondent(s)  |
| Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). |  | Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). |
|       |       |
| Children’s Lawyer |
| Name & address of Children’s Lawyer’s agent for service (street & number, municipality, postal code, telephone & fax numbers and e‑mail address (if any)) and name of person represented. |
|       |
| 1. | In accordance with the Court’s **Guidelines Regarding Mode of Proceedings** which take effect on April 19, 2022, the appearances listed in paragraph 3below are presumptively to be held in person for Family cases. |
| 2. | This form is filed by the: |
|  | [ ]  | Applicant only *(insert name)* |       |
|  | [ ]  | Respondent 1 *(insert name)* |       |
|  | [ ]  | Respondent 2 *(insert name)* |       |
|  | [ ]  | Other party or counsel *(insert name)* |       |
| 3. | I request permission from the Court to attend the following appearance(s) virtually rather than in person: *(Note: If an event has already been scheduled, include the date and time of the appearance.)* |
|  | [ ]  | Case conference | Scheduled for: |       |
|  | [ ]  | Settlement conference | Scheduled for: |       |
|  | [ ]  | Trial Management Conference | Scheduled for: |       |
|  | [ ]  | Long motion/Summary Judgment motion | Scheduled for: |       |
|  | [ ]  | Temporary care and custody hearing | Scheduled for: |       |
|  | [ ]  | Other | Scheduled for: |       |

|  |  |  |
| --- | --- | --- |
| Request for a Virtual Hearing | (page 2) | Court File Number  |
|  |
|  |
| 4. | [ ]  | I have advised the other parties of this request; OR, |
|  | [ ]  | I have sent a copy of this request to the other parties. |
| 5. | I request such permission for the following reasons *(Please provide a brief explanation only. Supporting documentation is not to be attached)*: |
|  |       |
| 6. | [ ]  | This request is being made with the consent of all parties (*Check this box only if you have already confirmed that all parties agree to the request*). |
| 7. | I will arrange for access to the necessary technology to participate in a virtual hearing.  |
| 8. | I confirm that this request is being made no less than 14 days before the event in question. |
|  |  |       |
| Signature of party or counsel |  | Date |
| **-To be Completed by Judge-** |
| Permission granted to attend virtually | [ ]  | Yes | [ ]  | No |
| Permission applies to the following attendance(s): |
| [ ]  | Case conference |  |
| [ ]  | Settlement conference |  |
| [ ]  | Trial Management Conference |  |
| [ ]  | Long motion/Summary Judgment motion |  |
| [ ]  | Temporary care hearing |  |
| [ ]  | Other |       |
| Request approved by Justice |       |
| Date |       |  |
| ***Counsel and self-represented parties will be notified by email of the Court’s decision in relation to this request.*** |