Civil File Number: _____

Date: _____

**SUPERIOR COURT OF JUSTICE - CIVIL LIST**
**CHAMBERS APPOINTMENT HEARING REQUEST FORM - MOTIONS**

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|---|---|
| A | PLEASE NOTE: The chambers appointment procedure is only for urgent, scheduling and consent matters which take no longer than 15 minutes. This restriction will be enforced. This matter is (tick one or more);<br><br>☐ urgent ☐ scheduling ☐ consent ☐ other (explain in Block D) |
| B | Short Title of Proceeding: |
| C | Date(s) Requested: |
| D | The following is a brief description of the matter to be considered at the chambers appointment: |
| E | List the materials that will be necessary for the chambers appointment. (It is the responsibility of counsel to confirm that the proper materials are available for the Court) |
| F | Is any Judge seized of this matter, case managing this matter, or are there any judicial conflicts?<br>☐ No<br>☐ Yes, identify case management/seized Judge _____<br>☐ Yes, identify conflicted Judge _____ |
| G | Is there a self-represented party involved? ☐ Yes ☐ No |

| COUNSEL FOR APPLICANT/MOVING PARTY | | COUNSEL FOR OTHER PARTY | |
|---|---|---|---|
| **Party** | | **Party** | |
| **Counsel** | PRINT AND SIGN OR INITIAL | **Counsel** | PRINT AND SIGN OR INITIAL |
| **Address** | | **Address** | |
| **Phone** | | **Phone** | |
| **Fax** | | **Fax** | |
| **E-Mail** | | **E-Mail** | |

**(IF MORE THAN 2 PARTIES INVOLVED, ADD ADDITIONAL SIGNATURES AND PARTICULARS ON REVERSE OR SEPARATE PAGE)**

To be submitted to: Civil List Office, 330 University Avenue, 7th Floor, Toronto, ON.
**E-Mail: Michelle.Chen@ontario.ca**

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| **Endorsement/Disposition ☐ See attached Yellow Endorsement Form.** |