FORM 76B

Courts of Justice Act

SIMPLIFIED PROCEDURE MOTION FORM

Court File No _____

(General heading)

SIMPLIFIED PROCEDURE MOTION FORM

JURISDICTION ( ) Judge

( ) Master

( ) Registrar

THIS FORM IS FILED BY *(Check appropriate boxes to identify the party filing this form as a moving/responding party on this motion AND to identify this party as plaintiff, defendant, etc. in the action)*

[ ] moving party
[ ] plaintiff

_____

[ ] responding party
[ ] defendant

_____

[ ] Other — specify kind of party and name

_____

MOTION MADE

[ ] on consent of all parties
[ ] without notice
[ ] on notice to all parties and unopposed
[ ] on notice to all parties and expected to be opposed

Notice of this motion was served on (date): _____

by means of: _____

METHOD OF HEARING REQUESTED

[ ] by attendance
[ ] in writing only, no attendance
[ ] by fax
[ ] by telephone conference under rule 1.08
[ ] by video conference under rule 1.08

Date, time and place for conference call, telephone call or appearances

_____ (date) _____ (time) _____ (place)

ORDER SOUGHT BY THIS PARTY (Responding party is presumed to request dismissal of motion and costs)

[ ] Extension of time — until (give specific date): _____
[ ] serve claim
[ ] file or deliver statement of defence
[ ] Other relief — be specifice call, telephone call or appearances

_____

_____

MATERIAL RELIED ON BY THIS PARTY

[ ] this form

[ ] pleadings
[ ] affidavits — specify
[ ] other — specify

GROUNDS IN SUPPORT OF/IN OPPOSITION TO MOTION (INCLUDING RULE AND STATUTORY PROVISIONS RELIED ON)

CERTIFICATION BY LAWYER

I certify that the above information is correct, to the best of my knowledge.

Signature of lawyer *(If no lawyer, party must sign)*

Date

THIS PARTY'S LAWYER *(If no lawyer, give party's name, address for service, telephone and fax number.)*

Name and firm:

Address:

Telephone: Fax:

OTHER LAWYER *(If no lawyer, give other party's name, address for service, telephone and fax number.)*

Name and firm:

Address:

Telephone: Fax:

THIS PARTY'S LAWYER *(If no lawyer, give party's name, address for service, telephone and fax number.)*

Name and firm:

Address:

Telephone: Fax:

OTHER LAWYER *(If no lawyer, give other party's name, address for service, telephone and fax number.)*

Name and firm:

Address:

Telephone: Fax:

DISPOSITION

[ ] order to go as asked
[ ] adjourned to
[ ] order refused
[ ] order to go as follows:

Hearing method

Hearing duration min.

Heard in: [ ] courtroom [ ] office

[ ] Successful party MUST prepare formal order for signature

[ ] No copy of disposition to be sent to parties

[ ] Other directions — specify

Date

Name

Signature

Judge/Master/Registrar

Print Form