

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

- [] in person
- [] in writing only, no attendance
- [] by fax
- [] by telephone conference
- [] by video conference

Date, time and address or telephone conference or video conference details

.....

(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 specific
-
-

MATERIAL RELIED ON BY THIS PARTY

- [] this form
- [] pleadings
- [] affidavits — specify

other — specify

.....
.....

GROUND 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.)*

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

Name and firm:

Name and firm:

Address:

Address:

Telephone:

Fax:

Telephone:

Fax:

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

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

Name and firm:

Name and firm:

Address:

Address:

Telephone:

Fax:

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 by telephone conference by video conference

Successful party MUST prepare formal order for signature

No copy of disposition to be sent to parties

Other directions — specify

.....
.....

Date

Name
.....
Judge/Master/Registrar

Signature
.....