

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 [] on notice to all parties and unopposed [] without notice [] 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 specific

MATERIAL RELIED ON BY THIS PARTY

[] this form

- pleadings
- affidavits — specify
- other — specify

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.....
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.)

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:

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

Name and firm:

Address:

Telephone:

Fax:

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DISPOSITION

- order to go as asked
- adjourned to
- order refused
- order to go as follows:
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.....

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

