|  |  |  |  |
| --- | --- | --- | --- |
|  |  *ONTARIO* |  | Court File Number |
|  | Superior Court of Justice, Family Court |  |       |
|  | *(Name of Court)* |  |
| **at** | 85 Frederick Street, Kitchener, Ontario N2H 0A7 |  |
|  | *(Court office address)* | **Request for a Virtual Hearing** |
|  |  |
| 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

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| 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*]  |       |

1. I request permission from the Court to have the following appearance(s) proceed 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: |       |

1. [ ]  I have advised the other parties of this request; OR,

[ ]  I have sent a copy of this request to the other parties.

1. I request such permission for the following reasons [*Please provide a brief explanation only. Supporting documentation is not to be attached*]:

|  |
| --- |
|       |

1. [ ]  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*].
2. I will arrange for access to the necessary technology to participate in a virtual hearing.
3. I confirm that this request is being made no less than 14 days before the event in question.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of party or counsel Date

**Your signed and completed form should be emailed to** **Kitchener.Superior.Court@ontario.ca****, and should read “Request for Virtual Hearing” in the subject line.**

**To be Completed by Judge**

Permission granted for virtual event [ ]  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.**