



COURT OF QUEEN'S BENCH FOR
SASKATCHEWAN

FAMILY PRACTICE DIRECTIVE #4

FAMILY SERVICE PROCEEDINGS

REFERENCE: FAM-PD #4

Effective: May 1, 2014

1. The following practices, procedures and forms shall be used in proceedings under *The Child and Family Services Act*.
2. Initial Summary (IS)
 - a. The Applicant must complete and file an Initial Summary (IS) in the attached form in each matter.
 - b. The IS is to be signed by the family service worker or supervisor responsible for the application.
 - c. The IS is to be disclosed to the opposing counsel/or party at the same time and in the same manner as other family service court documents are disclosed.
3. Court Appearance Memo (CAM)
 - a. The Applicant must complete and file Court Appearance Memo (CAM) in the attached form for each matter.
 - b. The CAM must be filed with the Court by the end of the day on the Friday prior to Chambers.

- c. The CAM is to be disclosed to the opposing counsel/ or party at the same time and in the same manner as other family service documents are disclosed.
4. Applicant Pre-Trial Form (APTF)
- a. The Applicant must file an Applicant Pre-trial Form (APTF) in the attached form for each matter.
 - b. The APTF must be filed with the Court and a copy provided to the opposing counsel/party by noon on the Friday prior to the pre-trial.
5. Respondent Pre-Trial Form (RPTF)
- a. The Respondents must file a Respondent Pre-Trial Form (RPTF) in the attached form for each matter.
 - b. The RPTF must be filed with the Court and a copy provided to the Applicant or its counsel by noon on the Friday prior to the pre-trial.

Chief Justice M.D. Popescul

INITIAL SUMMARY

FSM NO.:

SOCIAL WORKER:

Child's Name	Date of Birth	Mother	Father

CUMULATIVE TIME OUT OF PARENTAL CARE:

Dates (date) to (date)	Child's Name (if more than one child on the application)	Legal Status (Apprehended, Section 9, Private Placement)	Time Out of Parental Care (in year, month format)

CIRCUMSTANCES LEADING TO THE APPLICATION:

History, circumstances of apprehension, etc.

ORDER RECOMMENDED:

<p><input type="checkbox"/> s. 37(1)(a) – Placement with Parent Under supervision? Term: Parent:</p> <p><input type="checkbox"/> s. 37(1)(b) – Person of Sufficient Interest Term: PSI: Date of Homestudy:</p> <p><input type="checkbox"/> s. 37(1)(c) – Short Term Wardship Term:</p> <p><input type="checkbox"/> s. 37(2) – Permanent Wardship Date of Panel Approval:</p> <p><input type="checkbox"/> s. 37(3) – Long Term Wardship to Age 18 Date of Panel Approval:</p> <p>Conditions to attach:</p>

FSM NO.:

COURT APPEARANCE MEMO

DATE: (chambers date)

SOCIAL WORKER: (name)

CHILD(REN):

1. (name)

2. (name)

DATE(S) OF BIRTH:

DOB

DOB

DATE OF APPREHENSION: (date)

DATE OF APPLICATION: (date)

APPEARANCE NUMBER: (number)

ORDER RECOMMENDED:

<p><input type="checkbox"/> s. 37(1)(a) – Placement with Parent Under supervision? Term: Parent:</p> <p><input type="checkbox"/> s. 37(1)(b) – Person of Sufficient Interest Term: PSI: Date of Homestudy:</p> <p><input type="checkbox"/> s. 37(1)(c) – Short Term Wardship Term:</p> <p><input type="checkbox"/> s. 37(2) – Permanent Wardship Date of Panel Approval:</p> <p><input type="checkbox"/> s. 37(3) – Long Term Wardship to Age 18 Date of Panel Approval:</p> <p>Conditions to attach:</p>
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SERVICE:

	DATE SERVED:	METHOD OF SERVICE:
MOTHER: (name)		
MOTHER'S BAND: (name)		
FATHER: (name)		
FATHER'S BAND: (name)		
SIGNIFICANT OTHER(S): (name)		

REGISTRATIONS OF LIVE BIRTH:

	FILED? Yes or no
(child's name)	(yes or no)
(child's name)	(yes or no)

EVIDENCE:

1. Affidavit of
- 2.
- 3.

DOCUMENTS NEEDED:

1. Proof of service on...
2. Affidavit...

HAS A DRAFT ORDER BEEN FILED? Yes or No

PRE-COURT COMMENTS:

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MSS COUNSEL: (name)

MOTHER'S COUNSEL: (name)

FATHER'S COUNSEL: (name)

REPORT TO WORKER (FOR COUNSEL USE ONLY):

WHO APPEARED?

WHAT HAPPENED IN COURT?

APPLICANT PRE-TRIAL FORM

Date: (pre-trial date)

Court File Number/Name: (court file number/name)

Counsel for Ministry/Agency: (name)

Date of Application: (date)

Order Recommended: (details of order recommended)

Mother: (name and date served)

Mother's Band: (name and date served)

Father: (name and date served)

Father's Band: (name and date served)

Other: (name(s) and date(s) served or consent(s) filed)

Birth Registration: (confirm that previously filed that attached)

Evidence: (details of evidence filed (affidavit(s), home assessment(s), etc.)

Summary: (details from evidence in paragraph or point form addressing circumstances leading to application, concerns of Ministry/Agency, position of Ministry/Agency on application and any other issue/matter Ministry/Agency feels is relevant to the proceeding)

RESPONDENT PRE-TRIAL FORM

Date: (pre-trial date)

Court File Number/Name: (court file number/name)

Counsel: (name)

Representing: (name and relationship to child/children)

Evidence: (details of evidence filed on behalf of this party)

Summary: (details from evidence in paragraph or point form addressing circumstances of this party, any steps taken or to be taken by this party, this party's position on application and any other issue/matter this party feels is relevant to the proceeding)