

# COURT OF QUEEN'S BENCH FOR SASKATCHEWAN

COURT FILE NUMBER \_\_\_\_\_

JUDICIAL CENTRE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

RESPONDENT(S) \_\_\_\_\_

## REQUEST TO SCHEDULE

(Pursuant to the Court of Queen's Bench Directive Update of May 15, 2020)

1. The Application to be scheduled:

- is a new Application; or
- was last scheduled to be heard in Chambers on \_\_\_\_\_, 2020.

2. This Application concerns: \_\_\_\_\_

**(Please describe the subject of the application in one or two words, e.g., foreclosure; insolvency; judicial review; summary judgment; leave to appeal; lien claim; debt collection; child support; custody or access or variation thereof; spousal support or variation thereof; protection or preservation of marital property, etc.)**

3. The Applicant is ready to proceed:

- at the earliest available time and date; or
- as this is a **new** Application, any date after \_\_\_\_\_, when it is anticipated that the requisite Notice Period will have been provided.

**(All applications will be scheduled to a fixed time slot not exceeding 30 minutes.** It is the expectation that all matters will be presented efficiently and fully argued within the 30-minute time frame assigned to that chambers application. If the matter cannot be concluded in the time provided, the presiding judge will determine the course of action to be followed.)

4. The Applicant's contact information for the purpose of being notified of the hearing date is:

- set out in the Address for Service at Page 2; or
- \_\_\_\_\_  
(Provide alternate contact information if different from the Address for Service.)

5. The Applicant's telephone number(s) where they can be reached at the time of the Hearing is: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant or Applicant's Lawyer

**CONTACT INFORMATION AND ADDRESS FOR SERVICE**

**If prepared by a Lawyer for the Party:**

Name of Law Firm: \_\_\_\_\_

Name of Lawyer in charge of file: \_\_\_\_\_

Address of Law Firm: \_\_\_\_\_  
*(include the street address)*

Telephone Number: \_\_\_\_\_

Fax Number *(if any)*: \_\_\_\_\_

E-mail Address *(if any)*: \_\_\_\_\_

**OR**

**If the Party is self-represented:**

Name of Party: \_\_\_\_\_

Address for Service: \_\_\_\_\_  
*(include the street address)*

Telephone Number: \_\_\_\_\_

Fax Number *(if any)*: \_\_\_\_\_

E-mail Address *(if any)*: \_\_\_\_\_