APPENDIX B - FORM FAM-PD #7-1

COURT FILE NUMBER _____

COURT OF KING'S BENCH FOR SASKATCHEWAN

(FAMILY LAW DIVISION)

JUDICIAL CENTRE _____

PETITIONER _____

RESPONDENT _____

CERTIFICATE OF COMPLIANCE WITH PRACTICE DIRECTIVE #7
(PARTICIPATION IN A JUDICIAL CASE CONFERENCE)

I, _____, a party to this family law proceeding, seek to file the appended application to be heard in chambers on the ____ day of _____, 2_____.

I am aware of Family Practice Directive #7 and certify as follows:

☐ A court order was granted by Justice _____ on the _____ day of _____, 2_____:

- ☐ allowing this application to be made without the requirement to attend a Judicial Case Conference; or
- ☐ granting leave following a Judicial Case Conference to proceed in Chambers on the ____ day of _____, 2_____.

or

☐ The Application falls under one or more of the exemptions outlined in Family Practice Directive #7. The exemption(s) for which this application falls under is(are):

- ☐ The application is an exempt application without notice.
- ☐ The application is for judgment in an uncontested matter brought pursuant to Rule 15-42 and the process outlined in Part 15, Division 6, Subdivision 1 of *The King's Bench Rules*.
- ☐ The application is the document commencing the proceeding. This includes an application for corollary relief in Form 15-24 or an application for variation of a final order in Form 15-26.

DATED at_____, Saskatchewan, this_____day of _____, 2_____.

_____
(signature of party or party's lawyer)

_____
(print name of party or party's lawyer)

CONTACT INFORMATION AND ADDRESS FOR SERVICE

If prepared by a lawyer for the party:

Name of firm: _____

Name of lawyer in charge of file: _____

Address of legal firm: _____
(set out 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: _____
(*set out the street address*)

Telephone number: _____

Fax number (*if any*): _____

Email address (*if any*): _____