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| **N File Number:** |   |
| **CFC File Number:** |   |

***CYFEA* In the Alberta Court of Justice**

 **Child(ren) Calgary Family Courts**

**Trial Readiness Form**

***Child, Youth and Family Enhancement Act (CYFEA)***

|  |  |
| --- | --- |
| **Name of Lawyer Representing Child(ren):** |   |
| **Name(s) of the Child(ren) Represented:** |   |
|  |   |

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| --- |
| **NOTE:****THIS DOCUMENT IS TO BE COMPLETED BY ALL SELF-REPRESENTED PERSONS, OR BY** **LAWYERS REPRESENTING THE CHILD(REN) IN THIS MATTER, AND RETURNED TO THE** **TRIAL CO-ORDINATOR:****7th FLOOR NORTH TOWER****CALGARY COURTS CENTRE****601 – 5TH STREET SW****CALGARY, ALBERTA T2P 5P7** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mediation:** | [ ]  Held | [ ]  Waived | [ ]  Booked |   |
|  |  |  |  | Date Set |

1. CHILD(REN)’S NAME(S):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. |   | DOB: |   | Guardian: [ ]  Yes [ ]  No [ ]  Undetermined |
|  | Last / First / Middle |  | MM/DD/YYYY |  |
| 2. |   | DOB: |   | Guardian: [ ]  Yes [ ]  No [ ]  Undetermined |
|  | Last / First / Middle |  | MM/DD/YYYY |  |
| 3. |   | DOB: |   | Guardian: [ ]  Yes [ ]  No [ ]  Undetermined |
|  | Last / First / Middle |  | MM/DD/YYYY |  |
| 4. |   | DOB: |   | Guardian: [ ]  Yes [ ]  No [ ]  Undetermined |
|  | Last / First / Middle |  | MM/DD/YYYY |  |
| 5. |   | DOB: |   | Guardian: [ ]  Yes [ ]  No [ ]  Undetermined |
|  | Last / First / Middle |  | MM/DD/YYYY |  |

WITNESSES:

|  |  |
| --- | --- |
| **Number of Witnesses You Intend to Call:** |   |
| Names: | **1.** |   |  | **2.** |   |
|  | **3.** |   |  | **4.** |   |
|  | **5.** |   |  | **6.** |   |

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| **Number of Expert Witnesses You Intend to Call:** |   |
| **1.** | Name: |   |  | Area of Expertise: |   |
|  | Resume / Assessment / Report(s) Disclosed: [ ]  Yes [ ]  No |
| **2.** | Name: |   |  | Area of Expertise: |   |
|  | Resume / Assessment / Report(s) Disclosed: [ ]  Yes [ ]  No |

special requirements / considerations:

|  |
| --- |
| [ ]  Technology Needs |
| What: |   |
| [ ]  Interpreter Required |
| Language Spoken: |   |
| [ ]  Security Required |
| Why: |   |
| [ ]  Other: |   |
| Arrangements have been made for the above: [ ]  Yes [ ]  No |

tYPE OF rEPRESENTATION yOU wILL BE uSING:

|  |
| --- |
| Click or tap here to enter text. |

iSSUES FOR tRIAL:

|  |
| --- |
| **Child(ren):**Click or tap here to enter text. |

estimate of Trial Time Necessary for Your Case:

|  |  |
| --- | --- |
| **Number of Days:** |   |
| Have you reviewed your intended witnesses and evidence when calculating the required trial time and do you have adequate time to put in your case? | [ ]  Yes [ ]  No |

other comments relating to the trial:

|  |
| --- |
| Click or tap here to enter text. |

|  |  |
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| **SIGNED by Counsel for the Child(ren):** |  |
|  | **Child(ren):** |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |  . |  |
|  | Counsel for the Children Name: |   |  |
|  |  (Print Name Clearly)Counsel for the Children Signature: |  |
|  |  |  |
|  | Address: |   |  |
|  |   |  |
|  | Phone Number: | xxx-xxx-xxxx |  |
|  | Email: |   |  |
|  | **Dated the**  |   | **day of** |   | **,** |   |  |
|  |

|  |  |  |  |  |
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| **N:** |  |  | **CFC:** |  |

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| **NUMBER OF TRIAL DAYS REQUIRED:** |  |

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| JUSTICE SEIZED: |  |
| JUSTICE(S) DISQUALIFIED: |  |

|  |  |
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| **DATE ASSESSMENT(S) TO BE COMPLETED BY:** |  |

|  |
| --- |
| ***FOR OFFICE USE:*** |
| **TRIAL COORDINATOR confirmed and tentatively booked for the dates of:** |
| **FORMS SUBMITTED:** | Applicant(s): |  | Respondent(s): |  |  |
| **FORMS NOT SUBMITTED:** | Applicant(s): |  | Respondent(s): |  |  |
|  |  |
| **CONFIRMATION HEARING DATE:** |  | **TIME:** |  |  |
| **COURTROOM:** |  |  |
|  |
| **TRIAL DATE(S):** |  |  |
| **COURTOOM:** |  |  |  |  |
| **DATED THIS** |  | **DAY OF** |  | ***,*** |  |  |
| **SIGNATURE:** |  |
|  | ***Non-Presiding Justice of the Peace*** |

|  |
| --- |
| ***JUDICIARY:*** |
| [ ]  **APPROVED** | [ ]  **REJECTED** | [ ]  **HOLD pending special instructions** |
| **DATED THIS** |  | **DAY OF** |  | ***,*** |  |  |
| **By the Honorable Justice:** |  |  |  |
| **Signature of Justice:** |  |  |  |
| **Special Instructions:** |
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| [ ]  **Case Coordinator Follow-Up Required:** |  |  |
| **Reasons for Rejection:** |
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