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

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

**Respondent Calgary Family Courts**

**Trial Readiness Form**

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

***NOTE: A Response to any Claim must be filed before a Trial date will be set.***

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| **Name of the Respondent Completing this Form:** | |  | |
| **Relationship to Child(ren):** |  | | |
| **Name of Lawyer Representing this Respondent (if any):** | | |  |

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| **NOTE:**  **THIS DOCUMENT IS TO BE COMPLETED BY ALL SELF-REPRESENTED PERSONS, OR BY**  **LAWYERS REPRESENTING THE RESPONDENT(S) 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** |

# 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.** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | | | | | |

Issues for Trial:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | The Respondent is a guardian of the child(ren): |  | Yes  No  N/A |
|  | If yes, how:  Click or tap here to enter text. | | |
|  |
| 2. | The Respondents are living separate and apart: |  | Yes  No  N/A |
| 3. | The Respondent is in reasonable contact with their counsel: |  | Yes  No  N/A |
| 4. | The Respondent is registered for, in attendance, or has completed drug treatment: |  | Yes  No  N/A |
|  | If yes, where and when:  Click or tap here to enter text. | | |
|  |
| 5. | The Respondent is registered for, in attendance, or has completed domestic violence counselling: |  | Yes  No  N/A |
|  | If yes, where and when:  Click or tap here to enter text. | | |
|  |
| 6. | Respondent is registered for, in attendance, or has completed counselling or therapy: |  | Yes  No  N/A |
|  | If yes, where, when and for what issues:  Click or tap here to enter text. | | |
|  |
| 7. | The Respondent has received a mental health evaluation: |  | Yes  No  N/A |
|  | If yes, where and when:  Click or tap here to enter text. | | |
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| --- | --- | --- | --- |
| 8. | The Respondent is registered for or has completed parenting programs: |  | Yes  No  N/A |
|  | If yes, where and when:  Click or tap here to enter text. | | |
|  |
| 9. | The Respondent is registered for, in attendance, or has completed anger management: |  | Yes  No  N/A |
|  | If yes, where and when:  Click or tap here to enter text. | | |
|  |
| 10. | The Respondent(s) dispute the allegations of the Director: |  | Yes  No  N/A |
|  | If yes, on what grounds:  Click or tap here to enter text. | | |
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estimate of Trial Time Necessary for Your Case:

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| --- | --- |
| **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 the Respondent:** | | | | | | | | | | | | |  |
|  | **Respondent’s Name:** | | | | | | | |  | | | |  |
|  | (Print Name Clearly)  Respondent’s Signature: | | | | | | | | | | | |  |
|  | |  | | | | | | | | | | |  |
|  | Self-Represented Party  Counsel Represented | | | | | | | | | | | |  |
|  | Counsel’s Name: | | | | | |  | | | | | |  |
|  | (Print Name Clearly)  Counsel’s Signature: | | | | | | | | | | | |  |
|  | |  | | | | | | | | | | |  |
|  | Address: | | |  | | | | | | | | |  |
|  | |  | | | | | | | | | | |  |
|  | Phone Number: | | | | | xxx-xxx-xxxx | | | | |  | | |
|  | Email: | |  | | | | | | | | | |  |
|  | **Dated the** | | | |  | | | **day of** | |  | **,** |  |  |
|  |  | | | | | | | | | | | | |

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| **TO THE ATTENTION OF SELF-REPRESENTED PARTIES:**  **IF YOU MOVE OR CHANGE YOUR TELEPHONE NUMBER, YOU MUST NOTIFY THE CLERK OF THE COURT WITHIN 24 HOURS OF THE CHANGE:**  **PHONE:** **(403) 297-3471**  **FAX: (403) 297-3461**  **IF YOU DO NOT APPEAR FOR THE TRIAL, THE COURT HAS THE POWER TO GRANT ANY ORDER IT CONSIDERS APPROPRIATE.** |

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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:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ***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*** | | | | | | | | | | | | | | | | | | | |

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| ***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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