

PROVINCIAL COURT OF ALBERTA
FAMILY & YOUTH COURT
CALGARY, ALBERTA

PRACTICE DIRECTIVE #1
TRIAL READINESS FORMS

The following procedure has been established to set trial dates. The purpose of the Trial Readiness Form is to ensure that the case is ready for trial and also to ensure that the appropriate number of days have been scheduled for the trial.¹

1. Before requesting trial dates, all parties must complete a Trial Readiness Form (TRF). The TRF requires each party to provide a list of issues to be determined at trial, a list of the witness(es) they intend to call and an estimate of the necessary trial time a party requires for their case.
2. The completed TRF is submitted to the Trial Coordinator, who will then provide the parties with the following court dates:
 - a. Tentative trial dates;
 - b. Confirmation date; and
 - c. Pre-Trial Conference date
3. The purpose of the confirmation date is for the Court to formally approve the trial dates in front of the trial Judge. If the trial Judge has any concerns regarding the TRFs, they may only approve the trial dates subject to certain terms or conditions.²
4. It is expected that before setting a matter down for trial, all parties will have completed a Judicial Dispute Resolution (JDR) hearing, unless the JDR has been waived by the Court. In addition, the Trial Coordinator will ensure that a filed Response is on file.

Attachments: *FLA* Applicant Trial Readiness Form, *FLA* Respondent Trial Readiness Form, *FLA* Child(ren) Trial Readiness Form, *CYFEA* Applicant Trial Readiness Form, *CYFEA* Respondent Trial Readiness Form and *CYFEA* Child(ren) Trial Readiness Form.

¹ This Practice Directive is applicable to all cases where trial dates are requested in excess of one day.

² For example, if there are any ongoing investigations or professional assessments outstanding, the trial Judge may require an update prior to trial. In addition, the trial Judge may determine that the number of scheduled trial dates are insufficient or, alternatively, excessive.

CFC File Number: _____

N File Number: _____

**FLA
Applicant**

**In the Provincial Court of Alberta
Calgary Family Courts
Trial Readiness Form
Family Law Act (FLA)**

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

Name of the Applicant(s) Completing this Form: _____, _____

Relationship to Child: _____

Name of Lawyer Representing this Applicant (if any): _____

NOTE:

THIS DOCUMENT IS TO BE COMPLETED BY ALL SELF-REPRESENTED PERSONS, OR BY LAWYERS REPRESENTING THE APPLICANT(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**

Judicial Dispute Resolution (JDR): Held Waived Booked

Date Set

Mediation: Held Waived Booked

Date Set

A. YOUR APPLICATION IS FOR:

- 1. Guardianship
 - 2. Parenting Order
 - 3. Contact Order
 - 4. Child Support Order
 - 5. Spousal Support Order
 - 6. Miscellaneous Application Re: _____
 - 7. Other: _____
- 2. (a) Vary Parenting Order
 - 3. (a) Vary Contact Order
 - 4. (a) Vary Child Support Order
 - 5. (a) Vary Spousal Support Order

B. RESPONSE(S) FILED:

- 1. Respondent (1): Yes No
- Served: Yes No
- 2. Respondent (2): Yes No
- Served: Yes No
- 3. Respondent (3): Yes No
- Served: Yes No
- 4. Respondent (4): Yes No
- Served: Yes No

Section 5 FLA Certificate filed by Counsel: Yes

If the Certificate has NOT been filed, the Trial Readiness Forms may not be submitted as Trial dates will not be issued.

C. 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

Counsel for Children: _____

- **If not appointed, has the issue of Counsel for the Child(ren) been addressed:** Yes No
Ordered: Yes No

D. NON FAMILY LAW ORDERS IN EXISTENCE:

Provincial Court:

- S. 810 Peacebond
Expiry Date: _____
- S. 515 Bail Order
Expiry Date: _____
- Probation Order
Expiry Date: _____
- Emergency Protection Order (EPO)
Expiry Date: _____

Queen's Bench:

- Emergency Protection Order (EPO) Confirmation:
Expiry Date: _____
- Restraining Order
Expiry Date: _____
- Custody Order
Expiry Date: _____

E. Family Law Orders in Existence:
(From this or any other Court)

- 1. _____ 2. _____ 3. _____
Expiry Date: _____ Expiry Date: _____ Expiry Date: _____
- 4. _____ 5. _____ 6. _____
Expiry Date: _____ Expiry Date: _____ Expiry Date: _____
- 7. _____ 8. _____ 9. _____
Expiry Date: _____ Expiry Date: _____ Expiry Date: _____
- 10. _____ 11. _____ 12. _____
Expiry Date: _____ Expiry Date: _____ Expiry Date: _____

F. WITNESSES:

i. Number of Witnesses you Intend to Call: _____

Names: (1) _____ (2) _____
(3) _____ (4) _____
(5) _____ (6) _____

Availability confirmed and **Notices to Attend** to be served: Yes No

If not, please explain:

ii. 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

Availability confirmed and **Notices to Attend** to be served: Yes No

If not, please explain:

G. SPECIAL REQUIREMENTS / CONSIDERATIONS:

Technology Needs

What?: _____

Interpreter **[to be provided at your own expense]**

Language Spoken: _____

Security Required: Yes

Why?: _____

Other:

Arrangements have been made for the above: Yes No

Have Section 93 Costs been explained to parties? Yes No

H. ISSUES FOR TRIAL:

Applicant(s):

I. 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

J. OTHER COMMENTS RELATING TO THE TRIAL:

SIGNED by the Applicant or Counsel:

Applicant's Name: _____

Signature: _____

Print Name Clearly:

Self-Represented Party Counsel

Address: _____

Phone Number: _____

Email: _____

Dated the ____ day of _____, _____

SIGNED by the Applicant or Counsel:

Applicant's Name: _____

Signature: _____

Print Name Clearly:

Self-Represented Party Counsel

Address: _____

Phone Number: _____

Email: _____

Dated the ____ day of _____, _____

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.

N: _____

CFC: _____

NUMBER OF TRIAL DAYS REQUIRED: _____

JUDGE SEIZED: _____

JUDGE(S) DISQUALIFIED: _____

DATE ASSESSMENT(S) TO BE COMPLETED BY: _____

JDR INFORMATION:

HELD ON: _____ BY JUDGE: _____

TO BE HELD ON: _____ BY JUDGE: _____

RETURN DOCKET DATE: _____

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): _____

PTC DATE: _____ **TIME:** _____

COURTROOM: _____

TRIAL DATE(S): _____

COURTOOM: _____

DATED THIS _____ **DAY OF** _____, _____

SIGNATURE: _____

Non-Presiding Justice of the Peace

JUDICIARY:

APPROVED **REJECTED** **HOLDING pending special instructions**

DATED THIS _____ **DAY OF** _____, _____

By the Honorable Judge: _____

Signature of Judge: _____

Special Instructions:

Reasons for Rejection:

CFC File Number: _____

N File Number: _____

**FLA
Respondent**

**In the Provincial Court of Alberta
Calgary Family Courts
Trial Readiness Form
Family Law Act (FLA)**

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

Name of the Respondent(s) Completing this Form: _____, _____

Relationship to Child: _____

Name of Lawyer Representing this Respondent (if any): _____

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**

Judicial Dispute Resolution (JDR): Held Waived Booked

Date Set

Mediation: Held Waived Booked

Date Set

A. YOUR APPLICATION IS FOR:

1. To Respond to the Claim(s) of the Applicant(s) Only: Yes No

2. Your Response has been Filed: Yes No

3. Fill out if you have also made an Application for:

1. Guardianship

2. Parenting Order

3. Contact Order

4. Child Support Order

5. Spousal Support Order

6. Miscellaneous Application Re: _____

7. Other: _____

2. (a) Vary Parenting Order

3. (a) Vary Contact Order

4. (a) Vary Child Support Order

5. (a) Vary Spousal Support Order

Section 5 FLA Certificate filed by Counsel: Yes

If the Certificate has NOT been filed by the Trial Times Confirmation date, counsel may be subject to an award of Costs personally.

B. 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

Counsel for Children: _____

- **If not appointed, has the issue of Counsel for the Child(ren) been addressed:** Yes No
Ordered: Yes No

C. WITNESSES:

i. **Number of Witnesses you Intend to Call:** _____

- Names: (1) _____ (2) _____
(3) _____ (4) _____
(5) _____ (6) _____

Availability confirmed and **Notices to Attend** to be served: Yes No

If not, please explain:

ii. **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

Availability confirmed and **Notices to Attend** to be served: Yes No

If not, please explain:

D. SPECIAL REQUIREMENTS / CONSIDERATIONS:

Technology Needs

What?: _____

Interpreter *[to be provided at your own expense]*

Language Spoken: _____

Security Required: Yes

Why?: _____

Other:

Arrangements have been made for the above: Yes No

Have Section 93 Costs been explained to parties? Yes No

E. ISSUES FOR TRIAL:

Respondent(s):

F. 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

G. OTHER COMMENTS RELATING TO THE TRIAL:

SIGNED by the Respondent or Counsel:

Respondent's Name: _____

Signature: _____

Print Name Clearly:

Self-Represented Party Counsel

Address: _____

Phone Number: _____

Email: _____

Dated the ____ day of _____, _____

SIGNED by the Respondent or Counsel:

Respondent's Name: _____

Signature: _____

Print Name Clearly:

Self-Represented Party Counsel

Address: _____

Phone Number: _____

Email: _____

Dated the ____ day of _____, _____

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.

N: _____

CFC: _____

NUMBER OF TRIAL DAYS REQUIRED: _____

JUDGE SEIZED: _____

JUDGE(S) DISQUALIFIED: _____

DATE ASSESSMENT(S) TO BE COMPLETED BY: _____

JDR INFORMATION:

HELD ON: _____ BY JUDGE: _____

TO BE HELD ON: _____ BY JUDGE: _____

RETURN DOCKET DATE: _____

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): _____

PTC DATE: _____ **TIME:** _____

COURTROOM: _____

TRIAL DATE(S): _____

COURTOOM: _____

DATED THIS _____ **DAY OF** _____, _____

SIGNATURE: _____

Non-Presiding Justice of the Peace

JUDICIARY:

APPROVED **REJECTED** **HOLDING pending special instructions**

DATED THIS _____ **DAY OF** _____, _____

By the Honorable Judge: _____

Signature of Judge: _____

Special Instructions:

Reasons for Rejection:

CFC File Number: _____

N File Number: _____

**FLA
Child(ren)**

**In the Provincial Court of Alberta
Calgary Family Courts
Trial Readiness Form
Family Law Act (FLA)**

Name of Lawyer Representing Child(ren): _____

Name of Child(ren) Represented: _____,

NOTE:

THIS DOCUMENT IS TO BE COMPLETED BY ALL SELF-REPRESENTED PERSONS, OR BY LAWYERS REPRESENTING THE APPLICANT(S) AND 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**

Judicial Dispute Resolution (JDR):

Held Waived Booked

Date Set

Mediation:

Held Waived Booked

Date Set

A. CHILD(REN)'S NAME(S):

1. _____ DOB: _____
Last / First / Middle MM/DD/YYYY

2. _____ DOB: _____
Last / First / Middle MM/DD/YYYY

3. _____ DOB: _____
Last / First / Middle MM/DD/YYYY

4. _____ DOB: _____
Last / First / Middle MM/DD/YYYY

5. _____ DOB: _____
Last / First / Middle MM/DD/YYYY

B. WITNESSES:

i. **Number of Witnesses you Intend to Call:** _____

Names: (1) _____ (2) _____
(3) _____ (4) _____
(5) _____ (6) _____

Availability confirmed and **Subpoena** to be served: Yes No

If not, please explain:

ii. **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

Availability confirmed and **Subpoena** to be served: Yes No

If not, please explain:

C. SPECIAL REQUIREMENTS / CONSIDERATIONS:

Technology Needs

What?: _____

Interpreter [*to be provided at your own expense*]

Language Spoken: _____

Security Required: Yes

Why?: _____

Other:

Arrangements have been made for the above: Yes No

D. TYPE OF REPRESENTATION YOU WILL BE USING:

E. ISSUES FOR TRIAL:

Child(ren):

F. 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

G. OTHER COMMENTS RELATING TO THE TRIAL:

SIGNED by Counsel for the Child(ren):

Child(ren): _____

Signature:

Print Name Clearly:

Counsel

Address: _____

Phone Number: _____

Email: _____

Dated the ____ day of _____, _____

SIGNED by Counsel for the Child(ren):

Child(ren): _____

Signature:

Print Name Clearly:

Counsel

Address: _____

Phone Number: _____

Email: _____

Dated the ____ day of _____, _____

**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.**

N: _____

CFC: _____

NUMBER OF TRIAL DAYS REQUIRED: _____

JUDGE SEIZED: _____

JUDGE(S) DISQUALIFIED: _____

DATE ASSESSMENT(S) TO BE COMPLETED BY: _____

JDR INFORMATION:

HELD ON: _____ BY JUDGE: _____

TO BE HELD ON: _____ BY JUDGE: _____

RETURN DOCKET DATE: _____

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): _____

PTC DATE: _____ TIME: _____

COURTROOM: _____

TRIAL DATE(S): _____

COURTOOM: _____

DATED THIS _____ DAY OF _____, _____

SIGNATURE: _____

Non-Presiding Justice of the Peace

JUDICIARY:

APPROVED REJECTED HOLDING pending special instructions

DATED THIS _____ DAY OF _____, _____

By the Honorable Judge: _____

Signature of Judge: _____

Special Instructions:

Reasons for Rejection:

N File Number: _____

CFC File Number: _____

CYFEA
Applicant

In the Provincial Court of Alberta
Calgary Family Courts
Trial Readiness Form
Child, Youth and Family Enhancement Act (CYFEA)

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

Name of the Applicant(s) Completing this Form: _____, _____

Relationship to Child(ren): _____

Name of Lawyer Representing this Applicant(s) (if any): _____

NOTE:

THIS DOCUMENT IS TO BE COMPLETED BY ALL SELF-REPRESENTED PERSONS, OR BY LAWYERS REPRESENTING THE APPLICANT(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

TIME IN CARE: _____ days, as of _____ **Section 27 Notice Given:** Yes No

Judge: _____

Date: _____

A. YOUR APPLICATION IS FOR:

- 1. Supervision Order
- 2. Temporary Guardianship Order
- 3. Permanent Guardianship Order
- 4. Other: _____

B. 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

BIRTH CERTIFICATE(S) FILED: Yes No

C. NAME(S) OF PARTIES AND COUNSEL:

Director (CYFEA) or other Applicant: _____

Mother: _____ Guardian: Yes No Undetermined

Counsel: _____

Father(1): _____ Guardian: Yes No Undetermined

Counsel: _____

Father(2): _____ Guardian: Yes No Undetermined

Counsel: _____

Other: _____ Guardian: Yes No Undetermined

Counsel: _____

Child(ren): _____ Counsel: _____

• **If not appointed, has the issue of Counsel for the Child(ren) been addressed:** Yes No

Ordered: Yes No

Service (of Application and all Amendments) on:

Mother: Yes No Substitutional Dispensed **Affidavit Filed:** _____

Father(1): Yes No Substitutional Dispensed **Affidavit Filed:** _____

Father(2): Yes No Substitutional Dispensed **Affidavit Filed:** _____

Other: Yes No Substitutional Dispensed **Affidavit Filed:** _____

Children over 12 years (before application heard): Yes No _____

Name: _____

Child Consents: Yes No

Name: _____

Child Consents: Yes No

D. CURRENT CYFEA STATUS OF CHILD(REN):

- | | |
|---|---|
| <input type="checkbox"/> Custody Agreement | <input type="checkbox"/> Supervision Order |
| <input type="checkbox"/> Interim Custody Order [s.21.1(5)] | <input type="checkbox"/> Temporary Guardianship Order |
| <input type="checkbox"/> Initial Custody Order [s.21.1(2)(a)] | <input type="checkbox"/> Permanent Guardianship Order |

E. NON FAMILY LAW ORDERS IN EXISTENCE:

Provincial Court:

S. 810 Peacebond

Expiry Date: _____

S. 515 Bail Order

Expiry Date: _____

Probation Order

Expiry Date: _____

Queen's Bench:

Emergency Protection Order (EPO) Confirmation:

Expiry Date: _____

Restraining Order

Expiry Date: _____

Custody Order

Expiry Date: _____

F. FAMILY LAW ORDERS IN EXISTENCE:

(From this or any other Court)

1. _____ 2. _____ 3. _____

Expiry Date: _____ Expiry Date: _____ Expiry Date: _____

G. WITNESSES:

i. **Number of Witnesses you Intend to Call:** _____

Names: (1) _____ (2) _____

(3) _____ (4) _____

(5) _____ (6) _____

Availability confirmed and **Subpoenas** to be served: Yes No

If not, please explain:

ii. **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

Availability confirmed and **Subpoenas** to be served: Yes No

If not, please explain:

Other Issues Concerning any Witnesses:

H. DISCLOSURE

Complete: Yes No **Ongoing:** Yes No

Outstanding Reason(s) Disclosure Incomplete:

Date for Completion: _____

I. SPECIAL REQUIREMENTS / CONSIDERATIONS:

Band Consultation Required: Yes No

Technology Needs

What?: _____

Interpreter ***[to be provided at your own expense]***

Language Spoken: _____

Security Required: Yes

Why?: _____

Other:

Arrangements have been made for the above: Yes No

J. ISSUES FOR TRIAL:

Applicant(s):

K. 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

L. OTHER COMMENTS RELATING TO THE TRIAL:

SIGNED by Counsel for the Director or other Applicant:

Signature:

Signature of Self-Represented Party::

Print Name Clearly:

Print Name Clearly:

Counsel for the Director

Self-Represented Party

Address:

Address:

Phone Number:

Phone Number:

Email:

Email:

Dated the

____ day of

_____,

Dated the

____ day of

_____,

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.

N: _____

CFC: _____

NUMBER OF TRIAL DAYS REQUIRED: _____

JUDGE SEIZED: _____

JUDGE(S) DISQUALIFIED: _____

DATE ASSESSMENT(S) TO BE COMPLETED BY: _____

JDR INFORMATION:

HELD ON: _____ BY JUDGE: _____

TO BE HELD ON: _____ BY JUDGE: _____

RETURN DOCKET DATE: _____

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): _____

PTC DATE: _____ TIME: _____

COURTROOM: _____

TRIAL DATE(S): _____

COURTOOM: _____

DATED THIS _____ DAY OF _____, _____

SIGNATURE: _____

Non-Presiding Justice of the Peace

JUDICIARY:

APPROVED REJECTED HOLDING pending special instructions

DATED THIS _____ DAY OF _____, _____

By the Honorable Judge: _____

Signature of Judge: _____

Special Instructions:

Reasons for Rejection:

N File Number: _____

CFC File Number: _____

**CYFEA
Respondent**

**In the Provincial Court of Alberta
Calgary Family Courts
Trial Readiness Form
Child, Youth and Family Enhancement Act (CYFEA)**

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

Name of the Respondent(s) Completing this Form: _____, _____

Relationship to Child(ren): _____

Name of Lawyer Representing Respondent(s) (if any): _____

NOTE:

THIS DOCUMENT IS TO BE COMPLETED BY ALL SELF-REPRESENTED PERSONS, OR BY LAWYERS REPRESENTING THE APPLICANT(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**

A. 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

B. WITNESSES:

i. Number of Witnesses you Intend to Call: _____

- Names: (1) _____ (2) _____
- (3) _____ (4) _____
- (5) _____ (6) _____

Availability confirmed and **Subpoena** to be served: Yes No

If not, please explain:

ii. 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

Availability confirmed and **Subpoena** to be served: Yes No

If not, please explain:

C. SPECIAL REQUIREMENTS / CONSIDERATIONS:

Technology Needs

What?: _____

Interpreter [*to be provided at your own expense*]

Language Spoken: _____

Security Required: Yes

Why?: _____

Other:

Arrangements have been made for the above: Yes No

D. ISSUES FOR TRIAL:

The following information is required to be provided by all Respondents:

1. The Respondent is a guardian of the child(ren): Yes No N/A
If yes, how:

2. The Respondents are living separate and apart: Yes No N/A
3. The Respondent is in reasonable contact with his / her 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:

5. The Respondent is registered for, in attendance, or has completed domestic violence counselling: Yes No N/A
If yes, where and when:

6. The Respondent is registered for, in attendance, or has completed counselling or therapy: Yes No N/A
If yes, where and when and for what issues:

7. The Respondent has received a mental health evaluation: Yes No N/A
If yes, where and when:

8. The Respondent is registered for or has completed parenting programs: Yes No N/A
If yes, where and when:
9. The Respondent is registered for, in attendance, or has completed anger management: Yes No N/A
If yes, where and when:
10. The Respondent(s) dispute the allegations of the Director: Yes No N/A
If yes, on what grounds:

E. ESTIMATE OF REQUIRED 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

F. OTHER COMMENTS RELATING TO THE TRIAL:

SIGNED by the Respondent or Counsel:

Respondent's Name: _____

Signature: _____

Print Name Clearly: _____

Self-Represented Party Counsel

Address: _____

Phone Number: _____

Email: _____

Dated the _____ day of _____, _____

SIGNED by the Respondent or Counsel:

Respondent's Name: _____

Signature: _____

Print Name Clearly: _____

Self-Represented Party Counsel

Address: _____

Phone Number: _____

Email: _____

Dated the _____ day of _____, _____

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.

N: _____

CFC: _____

NUMBER OF TRIAL DAYS REQUIRED: _____

JUDGE SEIZED: _____

JUDGE(S) DISQUALIFIED: _____

DATE ASSESSMENT(S) TO BE COMPLETED BY: _____

JDR INFORMATION:

HELD ON: _____ BY JUDGE: _____

TO BE HELD ON: _____ BY JUDGE: _____

RETURN DOCKET DATE: _____

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): _____

PTC DATE: _____ **TIME:** _____

COURTROOM: _____

TRIAL DATE(S): _____

COURTOOM: _____

DATED THIS _____ **DAY OF** _____, _____

SIGNATURE: _____

Non-Presiding Justice of the Peace

JUDICIARY:

APPROVED **REJECTED** **HOLDING pending special instructions**

DATED THIS _____ **DAY OF** _____, _____

By the Honorable Judge: _____

Signature of Judge: _____

Special Instructions:

Reasons for Rejection:

N File Number: _____

CFC File Number: _____

**CYFEA
Child(ren)**

**In the Provincial Court of Alberta
Calgary Family Courts
Trial Readiness Form
*Child, Youth and Family Enhancement Act (CYFEA)***

Name of Lawyer Representing Child(ren): _____

Name of Child(ren) Represented: _____,

NOTE:

THIS DOCUMENT IS TO BE COMPLETED BY ALL SELF-REPRESENTED PERSONS, OR BY LAWYERS REPRESENTING THE APPLICANT(S) AND 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**

**Judicial Dispute Resolution
(JDR):**

Held Waived Booked

Date Set

Mediation:

Held Waived Booked

Date Set

A. CHILD(REN)'S NAME(S):

1. _____ DOB: _____
Last / First / Middle MM/DD/YYYY

2. _____ DOB: _____
Last / First / Middle MM/DD/YYYY

3. _____ DOB: _____
Last / First / Middle MM/DD/YYYY

4. _____ DOB: _____
Last / First / Middle MM/DD/YYYY

5. _____ DOB: _____
Last / First / Middle MM/DD/YYYY

B. WITNESSES:

i. **Number of Witnesses you Intend to Call:** _____

Names: (1) _____ (2) _____
(3) _____ (4) _____
(5) _____ (6) _____

Availability confirmed and **Subpoena** to be served: Yes No

If not, please explain:

ii. **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

Availability confirmed and **Subpoena** to be served: Yes No

If not, please explain:

C. SPECIAL REQUIREMENTS / CONSIDERATIONS:

Technology Needs

What?: _____

Interpreter [*to be provided at your own expense*]

Language Spoken: _____

Security Required: Yes

Why?: _____

Other:

Arrangements have been made for the above: Yes No

D. TYPE OF REPRESENTATION YOU WILL BE USING:

E. ISSUES FOR TRIAL:

Child(ren):

F. 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

G. OTHER COMMENTS RELATING TO THE TRIAL:

SIGNED by Counsel for the Child(ren):

Child(ren): _____

Signature:

Print Name Clearly:

Counsel

Address: _____

Phone Number: _____

Email: _____

Dated the ____ day of _____, _____

SIGNED by Counsel for the Child(ren):

Child(ren): _____

Signature:

Print Name Clearly:

Counsel

Address: _____

Phone Number: _____

Email: _____

Dated the ____ day of _____, _____

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
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IF YOU DO NOT APPEAR FOR THE TRIAL, THE COURT HAS THE POWER TO GRANT ANY ORDER IT CONSIDERS APPROPRIATE.

N: _____

CFC: _____

NUMBER OF TRIAL DAYS REQUIRED: _____

JUDGE SEIZED: _____

JUDGE(S) DISQUALIFIED: _____

DATE ASSESSMENT(S) TO BE COMPLETED BY: _____

JDR INFORMATION:

HELD ON: _____ BY JUDGE: _____

TO BE HELD ON: _____ BY JUDGE: _____

RETURN DOCKET DATE: _____

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): _____

PTC DATE: _____ **TIME:** _____

COURTROOM: _____

TRIAL DATE(S): _____

COURTOOM: _____

DATED THIS _____ **DAY OF** _____, _____

SIGNATURE: _____

Non-Presiding Justice of the Peace

JUDICIARY:

APPROVED **REJECTED** **HOLDING pending special instructions**

DATED THIS _____ **DAY OF** _____, _____

By the Honorable Judge: _____

Signature of Judge: _____

Special Instructions:

Reasons for Rejection:

