**Form F14.04A: Request for Case Management Hearing (Family Law)**

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| **In the Supreme Court of** **Newfoundland and Labrador****(General/Family)** | **FOR COURT USE ONLY** |
| COURT FILE NO: |  |
|  |  |  |
| CENTRAL DIVORCE REGISTRY NO: |  |
|  |
| Filed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , Newfoundland and Labrador, this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_. |
|  | Registry Clerk of the Supreme Court of Newfoundland and Labrador |  |

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| BETWEEN: |  | APPLICANT |
|  | *(Print full name)* |  |
| AND: |  | RESPONDENT |
|  | *(Print full name)* |  |
| AND: |  | 🞎 NOT APPLICABLE🞎 SECOND APPLICANT🞎 SECOND RESPONDENT |
|  | *(Print full name)* |

|  |  |  |
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| I,  |  | the 🞎 Applicant 🞎 Respondent 🞎 Other: |
|  | *(Print Name)* |  |  |
|  |  |
| am requesting a case management hearing on the following issues: |

*List the issue(s) you want to address in a Case Management Hearing. You may also provide brief details of the issue(s): (These listed issues must be in accordance with Rule 14.07(1) of the Supreme Court Family Division Rules)*

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*Check the box(es) for any additional requests that you wish to make in your Case Management Hearing:*

*You must fill out and file any additional Form(s) that correspond to your request.*

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| **Request** | **Fill Out Form** |
| 🞏 | Disclosure | Demand to Disclose (Form F11.02A) |
| 🞏 | Answers to Written Questions | Demand for Answers (Form F11.03A) |
| 🞏 | Formal Trial | Request for Trial (Form F29.02A) |
| 🞏 | Informal Trial | Request for Informal Trial (Form F31.02A) |
| 🞏 | Summary Judgment Hearing | Request for Summary Judgment Hearing (Form F28.02A) |
| 🞏 | Pre-Trial Determination of a Question of Law or Fact | Request for Pre-Trial Determination (Form F27.02A) |
| 🞏 | Settlement Conference | Request for Settlement Conference (Form F25.03A) |
| 🞏 | Binding Settlement Conference | Request for Settlement Conference (Form F25.03A) (include Schedule 1 of Request for Settlement Conference) |

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| **Addresses for Notice of Case Management** |  |

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| Applicant or Applicant’s Lawyer: | Mailing Address: |
| Email Address: |
| Phone Number: |
| Respondent or Respondent’s Lawyer: | Mailing Address: |
| Email Address: |
| Phone Number: |
| Second Applicant/Respondent or second Applicant/Respondent’s Lawyer:(if applicable) | Mailing Address: |
| Email Address: |
| Phone Number: |

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| **Signature and Date** |  |

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| DATED at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 20\_\_\_\_\_\_ . |
|  |  |  |
| *Signature* |  | *Signature of Lawyer (if any)* |
|  |  |  |
|  |  | *Print Name of Lawyer (if any)* |

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