Court File No.	

ONTARIO SUPERIOR COURT OF JUSTICE (TORONTO REGION) IN BANKRUPTCY AND INSOLVENCY

SPECIAL APPOINTMENT SCHEDULING FORM

(Required for requests of 1 hour or longer)

	NAME: FORM FILED:							
ואס	TORIVITIED.							
		THIS FORM MUST BE			E BANKRUPTCY			
	COURT OFFICE	PRIOR TO A SPECIAL AP	PPOINTMENT BEI	NG SCHEDULED.				
the c	ase for hearing, estima	to provide the Registrars te the probable length o the date is fixed and adjo	f the hearing, and	d to establish a fixed				
	Moving Party is expectenformation to be provid	d to attempt to consult ed.	with all concerne	d parties and to see	k their assistance with			
Pleas	se provide a brief fact	ual overview and natur	re of relief soug	ht				
								
								
	Party	Name	Telephon	e Fax No.	email			
	Trustee							
	Lawyer for Trustee							
	Bankrupt							
	Lawyer for trustee							
	OSB							
	Lawyer for OSB							
	Other (Specify)							
1. 2. 3.		stimate in minutes for control of the stimate in minutes for control of the stimate in the stima		of matter				
	Bankrupt's discharge	application		[]				
	Motion	. •		[]				
	Specify relief sought	type of motion:						
		nt of Receipts and Disbur	rsements	[]				
Taxation of Legal Bill(s)								
	Trustee's Discharge			ii				
	Other:			[]				
4.	Is any party self repres		YES	NO				
5.	Is a translator required							
6.	•							

7.	If th	e long hearing	relates to a motion) :					
			materials been pre			YES	NO		
	lf i	not, when will	the materials be se	rved?		YES	NO		
			nations expected?		YES	NO			
			kings and/or refusal examinations be o)	YES	NO		
	Ar	Are anyinterlocutory motions required?					YES NO		
	If s	If so, have they been booked?				YES	NO		
	Ple	Please specify date:							
		Will factums be required?				YES	NO		
			peen exchanged?			YES	NO		
			ecify date of anticip	ated exchange:					
8.			ng examinations required		:	YES	NO		
		e transcripts a		. apo aa 500ca	·	YES	NO		
		•	ecify when transcrip	nts will he available	٠.	123			
		Witness	Party calling	Length of direct		of cross	Length of re-	Total	
		name	witness	examination	examir		direct	length	
AND	ТНАТ		ON BEHALF OF TH ULTED WITH ALL O					•	
Date	:			<u> </u>					
				Signature:					
				Party:					
				Print Name:					
				Phone Numbe	er:				
FOR	COUR	RT USE ONLY:							
<u>END</u>	<u>ORSEI</u>	MENT:							
Date	:			<u></u>					
				Registrar				<u></u>	