

Notice of Motion
Form 15A

Claim no.

Plaintiff No. 1

Plaintiff No. 2 (if applicable)

Full name	Full Name
Address for Service	Address for Service
Phone No. Fax No. (If any)	Phone No. Fax No. (If any)
Plaintiff's Lawyer/Agent (Full Name)	Plaintiff's Lawyer/Agent (Full Name)
Lawyer/Agent's Address for Service	Lawyer/Agent's Address for Service
Lawyer/Agent's Phone No. Fax No. (If any) E-Mail Address (Optional)	Lawyer/Agent's Phone No. Fax No. (If any) E-Mail Address (Optional)

Defendant No. 1

Defendant No. 2 (if applicable)

Full name	Full Name
Address for Service	Address for Service
Phone No. Fax No. (If any)	Phone No. Fax No. (If any)
Defendant's Lawyer/Agent (Full Name)	Defendant's Lawyer/Agent (Full Name)
Lawyer/Agent's Address for Service	Lawyer/Agent's Address for Service
Lawyer/Agent's Phone No. Fax No. (If any) E-Mail Address (Optional)	Lawyer/Agent's Phone No. Fax No. (If any) E-Mail Address (Optional)

Note: For additional defendants, please list on attached sheet with all the necessary information as requested above.

TAKE NOTICE:

A motion will be made to the court by *Name of party* at *Name and location of court* on *Date* at *Time* (or soon thereafter as the motion can be heard) for the following order: *order sought*

set out the order you are seeking

Attach an additional page if necessary and date and sign it.

The following material will be relied on at the hearing of the motion:

(Set out what documents will be used to support your request for the order, and where an affidavit is to be relied on, attach a sworn copy.) Attach an additional page if necessary and date and sign it.

<p>TAKE NOTICE: If you fail to appear at the hearing of this motion, an order may be made in your absence.</p>

(Date)

(Signature of party or party's lawyer/agent)