Print Form

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:

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 Order
   2. ☐ Parenting Order — 2. (a) ☐ Vary Parenting Order
   3. ☐ Contact Order — 3. (a) ☐ Vary Contact Order
   4. ☐ Child Support Order — 4. (a) ☐ Vary Child Support Order
   5. ☐ Spousal Support Order — 5. (a) ☐ Vary Spousal Support Order
   6. ☐ Miscellaneous Application Re: _____
   7. ☐ Other: _____
4. Section 5 *FLA* Certificate filed by Counsel: ☐ Yes
   If the Certificate has NOT been filed by 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) _____

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. OTHER COMMENTS RELATING TO THE TRIAL:

G. ESTIMATE OF REQUIRED TRIAL TIME REQUIRED FOR YOUR CASE:

Number of Days: _____

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): _____

COURTROOM: _____

DATED THIS _____ DAY OF _____, 20 _____

SIGNATURE: _____
Non-Presiding Justice of the Peace

JUDICIARY

☐ **Approved** ☐ **Rejected** ☐ **Holding pending special instructions**

DATED THIS _____ DAY OF _____, 20 _____.

By the Honourable Judge _____

Signature of Judge: _____

Special Instructions:

_____
_____
_____
_____
_____

Reasons for rejection:

_____
_____
_____
_____
_____