



RECEIVED DATE: _____

DOCKET # _____

**In the Provincial Court of Alberta
Family and Youth Division**

MEMORANDUM OF TRIAL READINESS

***Child Youth Family Enhancement Act
(CYFEA)***

A. GENERAL

Nature of Application: (Check one)

- TGO
- PGO
- Or Other _____

Name(s) and Ages of Children and Days in Care:

_____	_____
_____	_____
_____	_____

Name(s) of All Parties and Counsel:

Director of CYFEA _____

Guardians (Mother, Father, other):

Mother: _____

Father: _____

Child: _____

Child(ren) over 12 years _____

Other: _____

Counsel for Children required: Yes No; if so, **Ordered:** Yes No

SERVICE: (of Application and all Amendments)

Guardian(s): Yes No

Other Guardian(s) identified / served / dispensed: _____

Determination of Guardianship made by Court: Yes No

Explain if no: _____

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

Other interested parties: _____

Affidavits of Service filed – date(s): _____

Date(s) Current and Subsisting Orders and Agreements: _____

Current Status of Child(ren) and date of order: _____

Pending Application(s): _____

Has a JDR / Mediation been held or is one pending: Yes No

B. NATURE OF ACTION AND BRIEF REASONS FOR TRIAL

Director: _____

Guardian(s): _____

Other: _____

C. TRIAL READINESS

i) WITNESSES:

a) Director

Number of ordinary/lay witness: _____
Names:

Availability confirmed and subpoenas to be served: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other _____
Number of Expert Witnesses: _____
Area of Expertise: _____
Assessment and Report dates: _____
If not complete, disclosed and exchanged / expected date of: _____

CV and Report(s) disclosed and exchanged / date of: _____

Will Witness be called for trial or can report(s) be tendered to Court?

ii) b) Guardian(s)

1st Guardian _____

Names of Witnesses:

Availability confirmed and subpoenas to be served: Yes No

Other _____

Number of Expert Witnesses: _____

Area of Expertise: _____

Assessment and Report dates: _____

If not complete, disclosed and exchanged / expected date of: _____

CV and Report(s) disclosed and exchanged / date of: _____

Will Witness be called for trial or can report(s) be tendered to Court?

2nd Guardian _____

Names of Witnesses:

Availability confirmed and subpoenas to be served: Yes No

Other _____

Number of Expert Witnesses: _____

Area of Expertise: _____

Assessment and Report dates: _____

If not complete, disclosed and exchanged / expected date of: _____

CV and Report(s) disclosed and exchanged / date of: _____

Will Witness be called for trial or can report(s) be tendered to Court?

3rd Guardian _____

Names of Witnesses:

Availability confirmed and subpoenas to be served: Yes No

Other _____

Number of Expert Witnesses: _____

Area of Expertise: _____

Assessment and Report dates: _____

If not complete, disclosed and exchanged / expected date of: _____

CV and Report(s) disclosed and exchanged / date of: _____

Will Witness be called for trial or can report(s) be tendered to Court? _____

4th Guardian _____

Names of Witnesses:

Availability confirmed and subpoenas to be served: Yes No

Other _____

Number of Expert Witnesses: _____

Area of Expertise: _____

Assessment and Report dates: _____

If not complete, disclosed and exchanged / expected date of: _____

CV and Report(s) disclosed and exchanged / date of: _____

Will Witness be called for trial or can report(s) be tendered to Court? _____

iii) DISCLOSURE

Complete Yes No or Ongoing Yes No

Outstanding reason(s) _____

Date to be completed by _____

iv) SPECIAL REQUIREMENTS / CONSIDERATIONS

Band Consultation required: Yes No;

Obtained: Yes No

Name(s) of Judge(s)

Disqualified _____

Seized _____

Reason(s) _____

Case authority or materials to be forwarded ahead to Trial Judge:

Yes No

v) ESTIMATE OF REQUIRED TRIAL TIME

Director: _____

Guardian(s): _____

Total Time Required _____

Will Accept: Single Book
 Double Book
 Triple Book

JDR dates requested Yes No

vi) ANTICIPATED OR KNOWN REASONS TO SEEK TRIAL ADJOURNMENT ONCE SET, IF ANY: _____

D. OTHER COMMENTS: _____

E. ADDITIONAL INFORMATION IF REQUIRED: _____

Signed and dated by all parties attending trial

(Note: If Self Represented Party has not signed the form please provide an explanation by affidavit.)

Signature: _____

Print Name legibly: _____

Counsel for: _____

Email _____

Fax _____

Phone _____

Signature: _____

Print Name legibly: _____

Counsel for: _____

Email _____

Fax _____

Phone _____

Signature: _____

Print Name legibly: _____

Counsel for: _____

Email _____

Fax _____

Phone _____

Signature: _____

Print Name legibly: _____

Counsel for: _____

Email _____

Fax _____

Phone _____

Signature of Self Represented Party: _____

Print Name legibly: _____

Telephone Number & Mailing Address _____

Signature of Self Represented Party: _____

Print Name legibly: _____

Telephone Number & Mailing Address _____

Availability of Trial time / JDR or PTC confirmed by Trial Co-ordinator: _____

*****NOTE*****

Trials set for less than 5 days, Memorandum sent to Duty Judge.

Trials set for five days or more set for Chambers:

(i) Counsel Matters / Private Chambers at 1:30 p.m. Date: _____

(ii) Self Represented Parties: Court at 9:00 a.m. in 351.

Date set: _____

Approved / Rejected for Trial by the Honourable Judge _____ on _____

Signature of Judge: _____

Date(s) for Trial / JDR or PTC as set by Trial Coordination above.

Confirmed: Yes No

Special Instructions:

Reasons for rejection: _____

Next Step: Re-submit once corrected OR

Bring Forward into Courtroom 441 (Submit bring-forward request to trial co-ordinator)

Clerk of the Court:

Date Confirmation: Emailed _____

Faxed _____

Mailed _____