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| **N File Number:** |  |
| **CFC File Number:** |  |

***CYFEA* In the Alberta Court of Justice**

**Applicant Calgary Family Courts**

**Trial Readiness Form**

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

***NOTE: A Response to any Claim must be filed before a Trial date will be set.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Applicant Completing this Form:** | |  | |
| **Relationship to Child(ren):** |  | | |
| **Name of Lawyer Representing this Applicant (if any):** | | |  |

|  |
| --- |
| **NOTE:**  **THIS DOCUMENT IS TO BE COMPLETED BY ALL SELF-REPRESENTED PERSONS, OR BY LAWYERS REPRESENTING THE APPLICANT(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** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TIME IN CARE:** |  | days as of |  |  | **Section 27 Notice Given:**  Yes  No | |
|  | | | | | **Justice:** |  |
|  | | | | | **Date:** |  |

1. **YOUR APPLICATION IS FOR:**

|  |  |
| --- | --- |
| 1. Supervision Order | |
| 1. Temporary Guardianship Order | |
| 1. Permanent Guardianship Order | |
| 1. Other: |  | |

# 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 |  |

**BIRTH CERTIFICATE(S) FILED:**  Yes  No

names of parties and counsel:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Director (*CYFEA*) or Other Applicant:** | | |  | | | | |
| **Mother:** |  | | | | Guardian:  Yes  No  Undetermined | | |
|  | Counsel: |  | | | | |  |
| **Father (1):** |  | | | | Guardian:  Yes  No  Undetermined | | |
|  | Counsel: |  | | | | |  |
| **Father (2):** |  | | | | Guardian:  Yes  No  Undetermined | | |
|  | Counsel: |  | | | | |  |
| **Other:** |  | | | | Guardian:  Yes  No  Undetermined | | |
|  | Counsel: |  | | | | |  |
| **Child(ren):** |  | | | Counsel: | |  | |

**If not appointed, has the issue of Counsel for the Child(ren) been addressed:**  Yes  No

**Ordered:**  Yes  No

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Service (of Application and all Amendments) on:** | | | | | | |
| **Mother:**  Yes  No  Substitutional  Dispensed | | | | | **Affidavit Filed:** |  |
| **Father (1):**  Yes  No  Substitutional  Dispensed | | | | | **Affidavit Filed:** |  |
| **Father (2):**  Yes  No  Substitutional  Dispensed | | | | | **Affidavit Filed:** |  |
| **Other:**  Yes  No  Substitutional  Dispensed | | | | | **Affidavit Filed:** |  |
| **Children over 12 Years** (before application heard)**:**  Yes  No | | | | | **Affidavit Filed:** |  |
| **Name:** |  |  | **Name:** |  | | |
|  | Child Consents:  Yes  No | | | Child Consents:  Yes  No | | |

# CURRENT *CYFEA* STATUS OF CHILD(REN):

|  |  |  |
| --- | --- | --- |
| Custody Agreement |  | Supervision Order |
| Interim Custody Order [s 21.1(5)] |  | Temporary Guardianship Order |
| Initial Custody Order [s 21.1(2)(a)] |  | Permanent Guardianship Order |

# NON-FAMILY LAW ORDERS IN EXISTENCE:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Alberta Court of Justice:** | | | | **King’s Bench:** | | | |
| **S. 810 Peacebond** | | | | **Emergency Protection Order (EPO) Confirmation** | | | |
|  | Expiry Date: |  |  |  | Expiry Date: |  |  |
| ***Criminal Code* Release Order** | | | | **Restraining Order** | | | |
|  | Expiry Date: |  |  |  | Expiry Date: |  |  |
| **Probation Order** | | | | **Custody Order** | | | |
|  | Expiry Date: |  |  |  | Expiry Date: |  |  |
| **Emergency Protection Order (EPO)** | | | | | | | |
|  | Expiry Date: |  |  |  |  |  | |

# Family Law Orders in Existence: *(From this or any other Court)*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. |  | |  | 2. |  | |  | | 3. |  | |
| Expiry Date: | |  |  | Expiry Date: | |  |  | Expiry Date: | | |  |

WITNESSES:

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of Witnesses You Intend to Call:** | | |  |
| Names: | **1.** |  | | |  | **2.** |  |
|  | **3.** |  | | |  | **4.** |  |
|  | **5.** |  | | |  | **6.** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | | | | | | |

disclosure

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Complete:  Yes  No | | | | Ongoing:  Yes  No | |
| Outstanding Reason(s) Disclosure Incomplete: | | |  | | |
| Click or tap to enter text | | | | | |
| Date for Completion: |  | | |

special requirements / considerations:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Band Consultation Requirements:  Yes  No | | | | | |
| Technology Needs | | | | | |
| What: |  | | |
| Interpreter Required | | | | | |
| Language Spoken: | | |  |
| Security Required | | | | | |
| Why: |  | | |
| Other: | | |  | | |
| Arrangements have been made for the above:  Yes  No | | | | | |

Issues for Trial:

|  |  |
| --- | --- |
| **Applicant:** |  |
| Click or tap here to enter text. | |

estimate of Trial Time Necessary for Your Case:

|  |  |
| --- | --- |
| **Number of Days:** |  |
|  | | |  |
| Have you reviewed your intended witnesses and evidence when calculating the required trial time and do you have adequate time to put in your case? | | | Yes  No |

other comments relating to the trial:

|  |
| --- |
| Click or tap here to enter text. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SIGNED by the Director:** | | | | | | | | | | | |  |
|  | **Counsel for the Director Name:** | | | | | | | |  | | |  |
|  | (Print Name Clearly)  Counsel for the Director’s Signature: | | | | | | | | | | |  |
|  | |  | | | | | | | | | |  |
|  | Address: | | |  | | | | | | | |  |
|  | |  | | | | | | | | | |  |
|  | Phone Number: | | | | | xxx-xxx-xxxx | | | |  | | |
|  | Email: | |  | | | | | | | | |  |
|  | **Dated the** | | | |  | | **day of** |  | | **,** |  |  |
|  |  | | | | | | | | | | | |

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| **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:** |  |

|  |  |  |
| --- | --- | --- |
| JUSTICE SEIZED: |  | |
| JUSTICE(S) DISQUALIFIED: | |  |

|  |  |
| --- | --- |
| **DATE ASSESSMENT(S) TO BE COMPLETED BY:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***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): | | | | |  | |  | | |
|  | | | | | | | | |  | | | | | | | | | | | |
| **CONFIRMATION HEARING DATE:** | | | | | | |  | | | | | | | **TIME:** | | |  | | |  |
| **COURTROOM:** | |  | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **TRIAL DATE(S):** | | |  | | | | | | | | | | | |  | | | | | |
| **COURTOOM:** |  | | | | | | |  | | | | |  | | | | | |  | |
| **DATED THIS** |  | | | **DAY OF** | |  | | | | | | ***,*** |  | | | | | |  | |
| **SIGNATURE:** |  | | | | | | | | | | | | | | | | | | | |
|  | ***Non-Presiding Justice of the Peace*** | | | | | | | | | | | | | | | | | | | |

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| ***JUDICIARY:*** | | | | | | | | | | | | |
| □ **APPROVED** | | | □ **REJECTED** | | | | □ **HOLD pending special instructions** | | | | | |
| **DATED THIS** | |  | | **DAY OF** | |  | | | ***,*** |  |  | |
| **By the Honorable Justice:** | | | | |  | | | | |  |  | |
| **Signature of Justice:** | | | | |  | | | | |  |  | |
| **Special Instructions:** | | | | | | | | | | | | |
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| □ **Case Coordinator Follow-Up Required:** | | | | | | | |  | | | |  |
| **Reasons for Rejection:** | | | | | | | | | | | | |
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