|  |  |
| --- | --- |
| **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:
 |   |

1. 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 |

1. 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 |

1. 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: |   |  |  |  |  |

1. 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** |   | **,** |   |  |
|  |  |

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

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