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

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

 **Respondent 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.***

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

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| **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** |

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 |  |

WITNESSES:

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

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| **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 |

special requirements / considerations:

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

Issues for Trial:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | The Respondent is a guardian of the child(ren): |  | [ ]  Yes [ ]  No [ ]  N/A |
|  | If yes, how:Click or tap here to enter text. |
|  |
| 2. | The Respondents are living separate and apart: |  | [ ]  Yes [ ]  No [ ]  N/A |
| 3.  | The Respondent is in reasonable contact with their counsel: |  | [ ]  Yes [ ]  No [ ]  N/A |
| 4. | The Respondent is registered for, in attendance, or has completed drug treatment: |  | [ ]  Yes [ ]  No [ ]  N/A |
|  | If yes, where and when:Click or tap here to enter text. |
|  |
| 5. | The Respondent is registered for, in attendance, or has completed domestic violence counselling: |  | [ ]  Yes [ ]  No [ ]  N/A |
|  | If yes, where and when:Click or tap here to enter text. |
|  |
| 6. | Respondent is registered for, in attendance, or has completed counselling or therapy: |  | [ ]  Yes [ ]  No [ ]  N/A |
|  | If yes, where, when and for what issues:Click or tap here to enter text. |
|  |
| 7. | The Respondent has received a mental health evaluation: |  | [ ]  Yes [ ]  No [ ]  N/A |
|  | If yes, where and when:Click or tap here to enter text. |
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| 8. | The Respondent is registered for or has completed parenting programs: |  | [ ]  Yes [ ]  No [ ]  N/A |
|  | If yes, where and when:Click or tap here to enter text. |
|  |
| 9. | The Respondent is registered for, in attendance, or has completed anger management: |  | [ ]  Yes [ ]  No [ ]  N/A |
|  | If yes, where and when:Click or tap here to enter text. |
|  |
| 10. | The Respondent(s) dispute the allegations of the Director: |  | [ ]  Yes [ ]  No [ ]  N/A |
|  | If yes, on what grounds:Click or tap here to enter text. |
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estimate of Trial Time Necessary for Your Case:

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| **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. |

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| **SIGNED by the Respondent:** |  |
|  | **Respondent’s Name:** |   |  |
|  |  (Print Name Clearly)Respondent’s Signature: |  |
|  |  |  |
|  | [ ]  Self-Represented Party [ ]  Counsel Represented |  |
|  | Counsel’s Name: |   |  |
|  |  (Print Name Clearly)Counsel’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.** |

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| **N:** |  |  | **CFC:** |  |

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| **NUMBER OF TRIAL DAYS REQUIRED:** |  |

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

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

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| ***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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