

MOTION DATE REQUEST FORM

Please complete and e-mail to the National Hearing Coordinator at nhcl@iiroc.ca.

Moving Party:

Counsel for Moving Party: _____

If not represented by counsel, please provide party's contact information below.

Address: _____

Phone number: _____

Email: _____

Is this Motion made with Notice to the Respondent?

Responding Party:

Counsel for Responding Party: _____

If not represented by counsel, please provide party's contact information below.

Address: _____

Phone number: _____

Email: _____

Type of Motion:

If Other, the Motion is for:

Proposed Method of Hearing of Motion:

If Other, specify: _____

Motion location:

If Other, specify:

Motion duration

(number of hours): _____

Language requirements:

Suggested dates: (motions are generally scheduled for 10:00 am)

1. _____ 2. _____ 3. _____

Number of attendees:

Additional comments:
