

Form F14.04A: Request for Case Management Hearing (Family Law)



**In the Supreme Court of
Newfoundland and Labrador
(General/Family)**

FOR COURT USE ONLY
COURT FILE NO: _____
CENTRAL DIVORCE REGISTRY NO: _____
Filed at _____, Newfoundland and Labrador, this _____ day of _____, 20____.
_____ Registry Clerk of the Supreme Court of Newfoundland and Labrador

BETWEEN: _____ APPLICANT
(Print full name)

AND: _____ RESPONDENT
(Print full name)

AND: _____ NOT APPLICABLE
(Print full name) SECOND APPLICANT
 SECOND RESPONDENT

I, _____ the Applicant Respondent Other:
(Print Name)

am requesting a case management hearing on the following issues:

List the issue(s) you want to address in a Case Management Hearing. You may also provide brief details of the issue(s): (These listed issues must be in accordance with Rule 14.07(1) of the Trial Division Family Rules)

Check the box(es) for any additional requests that you wish to make in your Case Management Hearing:
You must fill out and file any additional Form(s) that correspond to your request.

Request	Fill Out Form
<input type="checkbox"/> Disclosure	Demand to Disclose (Form F11.02A)
<input type="checkbox"/> Answers to Written Questions	Demand for Answers (Form F11.04A)
<input type="checkbox"/> Formal Trial	Request for Trial (Form F29.02A)
<input type="checkbox"/> Informal Trial	Request for Informal Trial (Form F31.02A)
<input type="checkbox"/> Summary Judgment Hearing	Request for Summary Judgment Hearing (Form F28.02A)
<input type="checkbox"/> Pre-Trial Determination of a Question of Law or Fact	Request for Pre-Trial Determination (Form F27.02A)
<input type="checkbox"/> Settlement Conference	Request for Settlement Conference (Form F25.02A)
<input type="checkbox"/> Binding Settlement Conference	Request for Settlement Conference (Form F25.02A) (include Schedule 1 of Request for Settlement Conference)

Addresses for Notice of Case Management

Applicant or Applicant's Lawyer:	Mailing Address:
	Email Address:
	Phone Number:
Respondent or Respondent's Lawyer:	Mailing Address:
	Email Address:
	Phone Number:
Second Applicant/Respondent or second Applicant/Respondent's Lawyer: (if applicable)	Mailing Address:
	Email Address:
	Phone Number:

Signature and Date

DATED at _____, this _____ day of _____, 20____.	
_____ <i>Signature</i>	_____ <i>Signature of Lawyer (if any)</i>
	_____ <i>Print Name of Lawyer (if any)</i>