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| *Court File Number* |

*ONTARIO*

***(Name of Court)***

**EARLY TRIAGE CONFERENCE BRIEF**

**at**

***Court office address***

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***Name of party filing this brief Date of conference***

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***Applicant(s)***

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| *Full legal name & address for service – street & number, municipality, postal code, telephone & fax numbers & e-mail address.* |
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| *Lawyer’s name & address – street & number, municipality, postal code, telephone & fax numbers & e-mail address.* |
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***Respondent(s)***

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| *Full legal name & address for service – street & number, municipality, postal code, telephone & fax numbers & e-mail address.* |
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| *Lawyer’s name & address – street & number, municipality, postal code, telephone & fax numbers & e-mail address.* |
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| *Name & address of Children’s Lawyer’s agent (street & number, municipality, postal code, telephone & fax numbers & e-mail address) and name of person represented.* |
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***PART 1: FAMILY FACTS***

1. ***APPLICANT:*** Age:*Birthdate: (d, m, y)*
2. ***RESPONDENT:*** *Age:* *Birthdate: (d, m, y)*
3. ***RELATIONSHIP DATES:***

Married on (date)

Separated on (date)

Started living together on (date)

Never lived together

Other (explain)

1. The basic information about the child(ren) is as follows:

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| --- | --- | --- | --- | --- |
| ***Child’s full legal name*** | ***Age*** | ***Birthdate (d, m, y)*** | ***Grade/Year and School*** | ***Now living with*** |
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**ISSUE #1**

**Why is it urgent?**

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**What is the relief sought?**

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**ISSUE #2**

**Why is it urgent?**

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**What is the relief sought?**

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**Relevant Additional Facts/What attempts have been made to settle the issue(s)?:**

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