Request for Hearing

# To be completed by requesting party

|  |  |
| --- | --- |
| Case Name: |       |
| Case Number:  |       |
| Requesting Party: |       |
| Legal Representative: |       |
| Hearing Sought: |
| [ ]  Reserved Submissions | Preferred timeframe:       |
| [ ]  Conciliation Conference | Preferred timeframe:       |
| [ ]  Readiness Hearing |  |
| Reasons for request:      |
| For Court use only |
| [ ]  Granted | [ ]  Refused Reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Further Direction | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Magistrate | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hearing Date | \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| Time | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## A copy of this Request for Hearing form must be served by the applicant on all parties to the proceedings.