

THE KING’S BENCH (Family Division)

_____ Centre

BETWEEN:

(full name)

petitioner/applicant

– and –

(full name)

respondent

REQUEST FOR TRIAGE CONFERENCE

I am the _____
(petitioner/applicant/respondent or lawyer for the petitioner/applicant/respondent)

I am seeking a triage conference for this proceeding. A triage screening has been scheduled for

_____, _____, at _____, at _____.
(day of the week) (date) (time) (address of court house)

Attendance by telephone *(If one of the following applies, check applicable box.)*

- There is a no contact order between the parties which would affect their attendance at the triage screening or triage conference, and a teleconference courtroom is requested.
- OR
- A teleconference courtroom is requested because of extenuating circumstances.

I will serve a copy of this Request on the other party as required by the *King’s Bench Rules*, at least 14 days in advance of the triage screening date.

DATED _____
(month/day/year)

(signature of party or lawyer)

TO THE RESPONDING PARTY (full name)

IF YOU WISH TO OPPOSE THIS PROCEEDING, YOU OR A MANITOBA LAWYER ACTING FOR YOU MUST PREPARE A CERTIFICATE OF PREREQUISITE COMPLETION FORM 70D.3 AND A TRIAGE BRIEF FORM 70D.4 OF THE KING'S BENCH RULES, FILE THEM IN THIS COURT OFFICE AND SERVE THEM ON THE OTHER PARTY'S LAWYER, OR WHERE THE OTHER PARTY DOES NOT HAVE A LAWYER, SERVE IT ON THE OTHER PARTY AT LEAST THREE DAYS PRIOR TO THIS TRIAGE SCREENING DATE.

IF YOU OR A LAWYER ACTING ON YOUR BEHALF FAIL TO APPEAR AT THE TRIAGE SCREENING, THEN A TRIAGE CONFERENCE DATE MAY BE SET WITHOUT FURTHER NOTICE TO YOU AND AN ORDER MAY BE MADE AGAINST YOU AT THE TRIAGE CONFERENCE WITHOUT FURTHER NOTICE.