FORM 70Z THE KING'S BENCH (FAMILY DIVISION)

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	Centre			
5	DA/EEN!			
BE	ΓWEEN:			
			(full name)	Petitioner/Applicant/Respondent
			-and-	
			(full name)	Petitioner/Applicant/Respondent
		NC	TICE OF HEARING	
	Pursuant to	[The Inter-Jurisdiction	nal Support Orders Act o	r the Divorce Act (Canada)]
	Court Date:	(day of the week)	(month/day/year)	, at a.m./p.m.
TO:	: [Name & Ac	ldress]		
cou	rt application is	enclosed. You are		en made against you. A copy of the nave the right to respond to this
YO	U ARE REQUIR	ED TO DO THE FOL	LOWING:	
	Contact the Designated Authority within 10 days of receipt of this notice by e-mail at ISOquestions@gov.mb.ca or by telephone at (204) 945-0268 or toll-free at 1-800-282-8069 (Ext. 0268). The Designated Authority will provide you with direction regarding documents and/or evidence you will need to file with the Court before the hearing date specified on the following page of this Notice.			
		-	-	nd where the hearing will take place
IS: _			(court centre address)	
	Complete the attached "Response" and file it with the Court within 20 days of receiving this Notice. In your "Response", you must identify any issues you will be raising with respect to the application.			
	Complete the attached "Financial Statement" and file it with the Court within 20 days of receiving this Notice. Attach to your Financial Statement:			
	☐ Copies of years;	of your personal inco	me tax returns and notic	es of assessment for the last three

File No. FD

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