

TRANSFER CONSENT

In the Provincial Court of British Columbia

Court File Number:
FMEP No.:
Court Location:

TRANSFER CONSENT

Case name
as it appears on the application.

In the case between:
NAME _____

And:
NAME _____

Court location
to receive court file.

We agree to the court file being transferred to the Provincial Court

at: COURT LOCATION _____

Check the appropriate box. If applicable, describe the application you want heard at the new location.

for the purpose of having an application for _____ heard at that location

OR

for all purposes.

State today's date.

Dated _____

Sign your name and provide your address.

Signature of party

(Set out the street address of the address for service. One or both of a fax number and an e-mail address may be given as additional addresses for service.)

ADDRESS _____

CITY	PROVINCE	POSTAL CODE
PHONE	E-MAIL	FAX

State today's date.

Dated _____

Sign your name and provide your address.

Signature of party

(Set out the street address of the address for service. One or both of a fax number and an e-mail address may be given as additional addresses for service.)

ADDRESS _____

CITY	PROVINCE	POSTAL CODE
PHONE	E-MAIL	FAX

Note: a third signature is only required if there is a third party.

State today's date.

Dated _____

Sign your name and provide your address.

Signature of party

(Set out the street address of the address for service. One or both of a fax number and an e-mail address may be given as additional addresses for service.)

ADDRESS _____

CITY	PROVINCE	POSTAL CODE
PHONE	E-MAIL	FAX