

Information Form for Appointment of Lawyer for Child

Provincial Court Family Rules

Registry Location:

Court File Number:

To be completed by the parties:

Date of order appointing counsel (*if known*): (mmm/dd/yyyy) _____

Next court date (*if known*): (mmm/dd/yyyy) _____

Child's full name	Child's Date of Birth <small>(mmm/dd/yyyy)</small>

Contact information for children:

(mailing address) (city) (postal code)

(phone number(s)) (email)

Parties' names and contact information:

Name of party(ies) making application

☐ attachment with additional party name(s) and contact information

Name of party(ies) making application

mailing address (if party is represented, counsel's contact information) (city) (postal code)

(phone number(s)) (email)

Name of party(ies) responding to the application

☐ attachment with additional party name(s) and contact information

Name of party(ies) responding to the application

mailing address (if party is represented, counsel's contact information) (city) (postal code)

(phone number(s)) (email)