



PRE-TRIAL CONFERENCE CHECKLIST

DISCLOSURE	
Disclosure Complete	
Missing Disclosure/Action Required	
WITNESS INFORMATION	
# of Crown Witness(es)	Estimated Total Time
# of Defence Witness(es)	Estimated Total Time
# of Expert Witness(es): By Crown By Defence	Estimated Total Time
Expert Voir Dire Crown Expert Report served? Crown Expert Report Admitted by Defence? Providing opinion on? Qualifications admitted? Defence Expert Report served? Defence Expert Report Admitted by Crown? Providing opinion on? Qualifications admitted?	
Child Witness(es) If Child Witnesses, how many?	Estimated Total Time: _____ hrs.
Interpreter Required For Defendant? For Crown Witness? For Defence Witness? Language(s)	Special Equipment Required Accused/Witness Accommodation: <input type="checkbox"/> Religious <input type="checkbox"/> Cognitive/Developmental <input type="checkbox"/> Physical Disability <input type="checkbox"/> Support Person <input type="checkbox"/> Screen <input type="checkbox"/> Video Testimony <input type="checkbox"/> Other Defence Consent: Yes <input type="checkbox"/> No <input type="checkbox"/>
S. 715.1 Videos - under 18 & made within reasonable time?	Length of videos/audiotapes to be played for all witnesses in total
Is there a Transcript of Witness Statement?	If no Transcript yet, will it be available for the hearing?
CHARTER ISSUES	
Will there be a Charter Application? Section: <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10(a) <input type="checkbox"/> 10(b) <input type="checkbox"/> 11(b) <input type="checkbox"/> 15 <input type="checkbox"/> 24(1) <input type="checkbox"/> 24(2) <input type="checkbox"/> 52 <input type="checkbox"/> Notice? <input type="checkbox"/> Other	Blended Voir Dire
Standing?	
Issues Time required: _____ hrs.	

OTHER VOIR DIRES/MOTIONS			
Voir Dire(s)/Motion(s) required		Time Required: ____ hours	
<input type="checkbox"/> Hearsay/KGB	<input type="checkbox"/> Disclosure	<input type="checkbox"/> YCJA Statement	<input type="checkbox"/> Complainant's sexual activity or reputation (276-277)
<input type="checkbox"/> Voluntariness	<input type="checkbox"/> Similar Fact	<input type="checkbox"/> 3 rd Party Records	<input type="checkbox"/> Wiretap
<input type="checkbox"/> Witness Accommodation (486-486.3)	<input type="checkbox"/> CCTV	<input type="checkbox"/> Video Evidence	<input type="checkbox"/> Record of complainant/witness (278.2)
<input type="checkbox"/> Electronic Evidence	<input type="checkbox"/> Recognition Evidence	<input type="checkbox"/> Vukelich/Threshold Hearing	<input type="checkbox"/> Other
If Voluntariness: Is there a video and/or transcript? If so, how long is the video? If no video and/or transcript yet, will it be available for the hearing?			
ADMISSIONS			
Alleged Offence Date		Jurisdiction	
Identity		Injuries (Bodily Harm/Aggravated)	
Medical Report		Photographs	
Video(s)/Audiotape(s)		Continuity of Seized Items	
Quantity/Nature of Substance		E-Communication (e.g., Text/Social Media)	
Property Owner's Evidence		Value of Property/Damage/Loss	
Voluntariness of utterances to persons in authority is admitted?			
Type of documentary evidence being admitted			
<input type="checkbox"/> Recognizance/Undertaking	<input type="checkbox"/> Certificate(s) of Analysis	<input type="checkbox"/> Service of Notice(s)	
<input type="checkbox"/> Probation Order	<input type="checkbox"/> Failure to Appear	<input type="checkbox"/> Business Records	
Other Admissions			
WILL THERE BE A PRELIMINARY INQUIRY? PRELIMINARY INQUIRY ISSUES			
Statement of Issues Filed?		Committal in Issue	
Discovery?		Application under s. 540(7)	
Focus Hearing?		Application under s. 540(9)	
Other Issues re: Preliminary Hearing			
MAIN ISSUE(S)			
<input type="checkbox"/> No Admissions	<input type="checkbox"/> Credibility/Reliability	<input type="checkbox"/> Identity	<input type="checkbox"/> Parties
<input type="checkbox"/> Consent	<input type="checkbox"/> Self-Defence	<input type="checkbox"/> Accident	<input type="checkbox"/> Alibi
<input type="checkbox"/> Intoxication	<input type="checkbox"/> NCR	<input type="checkbox"/> Breath Test Issues	<input type="checkbox"/> Other
TIME ESTIMATES			
Total Trial/Preliminary Hearing Estimates		Pre-trial motions/Application Time Estimates	