

CENTRAL SOUTH REGION

LONG TRIAL SITTINGS INTAKE – FORM

This form must be completed and signed by counsel who will be counsel at trial. We have had remarkable success in having each case assigned to the Long Trial list commence precisely when scheduled. This has made it much easier for counsel to arrange their schedules and those of witnesses. To assist us in continuing to offer an effective process, we require meaningful input concerning the cases which counsel wish to add to our Long Trial sittings. Accordingly, this form must be completed before the matter is assigned to a Long Trial List.

SITE: _____

DATE: _____

1. Full Style of Cause:

Action #:

2. Counsel/Contact Information:

Counsel for:

Name:

Address:

Phone #

Fax #

Counsel for:

Name

Address

Phone #

Fax #

Counsel for:

Name

Address

Phone #

Fax #

Counsel for:

Name

Address

Phone #

Fax #

Counsel for:

Name

Address

Phone #

Fax #

3. (a) Are there any third party actions or related actions to be tried with this one? **If yes, provide Style of Cause, Action #, counsel contact information and also provide copy of Order(s):**

(b) Have Trial Records on all matters been filed?: Yes/No

4. Short description of nature of action:

5. Jury or Non-Jury: Is any related action: Jury or Non-Jury?

6. Are any amendments to pleadings anticipated?

7. Are any changes of counsel anticipated?

8. Have all discoveries been completed?
If not, current status and expected completion date:

9. Has all document production been completed?
If not, by when?

10. Have all experts' reports been obtained – if not, by when?

11. Jurisdiction where action commenced:

12. Jurisdiction where counsel wish matter to be tried:

13. Number of witnesses each party anticipates calling:

Plaintiff Witness Chart

Name of Witness	Estimated Time

Total # Witnesses _____ Total Estimated Time _____

Defendant Witness Chart

Name of Witness	Estimated Time

Total # of Witnesses _____ Total Estimated Time _____

Note: If there is insufficient room above, please provide information on separate sheet and attach.

14. Trial length estimate by each counsel, for your own case and for the total trial:

15. Already pre-tried? By whom?

16. Any judge in Central South Region unable to hear it? (former partners, other conflicts, etc.?) Please provide name(s):

17. Long trial team sittings to which counsel wish case to be added:

18. Any dates within sittings when counsel not available?

Counsel for:

Counsel for:

Counsel for:

Counsel for:

Counsel for:

Counsel for:

Dated: _____

Return to: Office of Regional Senior Justice James R. Turnbull
Superior Court of Justice
John Sopinka Court House
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Hamilton Ontario L8N 2B7
Tel: 905 645 5323
Fax: 905 645 5374

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