

APPLICATION FOR URGENT HEARING

In the Provincial Court of British Columbia

Registry File Number:
Registry Location:

APPLICATION FOR URGENT HEARING

NAME _____

Telephone Number: _____ Email: _____

Type: Civil Family CFCSA Other _____

Application made by: Applicant Counsel for Applicant Other: _____
 Respondent Counsel for Respondent _____

Has the other party been notified? Yes No

Is the other party attending? Yes No

If Yes, Party Name: _____ Telephone Number: _____

Is this matter related to physical safety of person? Yes No

Are children involved? Yes No

If Yes, Names and Date of Birth: _____

Does this matter relate to an existing court file? Number: _____

If yes, is there an existing court order that applies to this matter? Yes No

What is the next scheduled court date?(if any) _____

What specifically is the applicant requesting:

Reason for Urgent Request:

Check box if you have attached a page with further information.

If there is an existing court order related to this matter, what specifically has changed since that order was made?

FOR COURT USE ONLY

Judge: Permission: Granted Denied

Further court directions:

Signature _____

Date _____

FOR REGISTRY USE ONLY

Advised _____ (applicant) at _____
_____ am/pm on _____ .
_____ (clerk initials)

Advised _____ (respondent) at _____
_____ am/pm on _____ .
_____ (clerk initials)