

REQUEST TO SCHEDULE SETTLEMENT CONFERENCE

Fax to: Kitty Mitchell, Trial Co-ordinator Fax: (905) 853-4880
Superior Court of Justice – Family Court – Newmarket

Date Submitted:	NEWMARKET COURT FILE #
	FC-
APPLICANT:	COUNSEL'S NAME:
Telephone No. Fax #	Telephone No. Fax #
RESPONDENT:	COUNSEL'S NAME:
Telephone No. Fax #	Telephone No. Fax #
CONSENT dates of all parties: (Please provide a range of Tuesday and Thursday dates)	
NOTE:- If date is not on consent, please explain:	
I confirm that a case conference has been held on:	
Date of Conference _____ Conference Judge _____	
I also confirm that an up-to-date Settlement Conference Brief has been served on the opposing party and attach copy of front page of Affidavit of Service.	
Who is requesting conference: APPLICANT RESPONDENT (Circle one)	
Signature of Party requesting motion: _____	

DATE PROVIDED BY TRIAL COORDINATOR: _____

SIGNATURE OF TRIAL COORDIANTOR: _____

**FORM 17 MUST BE ISSUED, SERVED AND FILED TO
CONFIRM THE BOOKING OF THIS DATE!**