

Court File Number

\_\_\_\_\_  
(Name of Court)

**Form 14B: Motion  
Form**

at \_\_\_\_\_  
Court office address

Names of parties: \_\_\_\_\_

Applicant: \_\_\_\_\_ Respondent: \_\_\_\_\_

Hearing date: \_\_\_\_\_ Name of case management judge: \_\_\_\_\_

**This form is filed by:**

applicant       respondent       (Other; specify.) \_\_\_\_\_

**This motion is made:**

with the consent of all persons affected       with notice to all persons affected – unopposed  
 with notice to all persons affected – opposition expected       without notice

**NOTE TO PERSON MAKING THIS MOTION:** *If this is a motion to change past and future support payments under an order that has been assigned to a government agency, you must also serve this motion form on that agency. If you do not, the agency can ask the court to set aside any order that you may get in this motion and can ask for court costs against you.*

**Order that you want the court to make:** *(If you need more space, add an extra sheet but do not make any changes to this form.)*

**Laws and rules on which you are relying:** *(Give name of statute and section numbers; name of regulation and section numbers; and rule numbers.)*

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I want the court to deal with this motion:

- by relying only on written material.  in a hearing at which affected persons may attend personally.
- by conference telephone call. *(An appointment for such a call must be arranged in advance; see rule 14 of the Family Law Rules.)*

At this motion, I am relying on the following material:

- Tabs/pages \_\_\_\_\_ of the continuing record
- Pages \_\_\_\_\_ of the transcript of the evidence of *(name of person)* \_\_\_\_\_, dated \_\_\_\_\_

*(Relevant parts of the transcript must be highlighted.)*

**This party's lawyer** *(Give lawyer's name, firm, telephone & fax number and e-mail address [if any]. If no lawyer, give party's name, and address for service, telephone & fax number and e-mail address [if any].)*

[Empty box for this party's lawyer information]

**Other party's lawyer** *(Give lawyer's name, firm, telephone & fax number and e-mail address [if any]. If no lawyer, give party's name, and address for service, telephone & fax number and e-mail address [if any].)*

[Empty box for other party's lawyer information]

*Signature*

*Date of signature*