



COURT OF APPEAL FOR ONTARIO

Counsel Slip and Hearing Information Form

(Please send the completed form to coa.e-file@ontario.ca. Where possible, the parties are encouraged to collaborate and submit one form to the Court on behalf of all parties.)

CASE INFORMATION

Court of Appeal File Number:

Court of Appeal Motion Number *(if applicable)*:

Case Name:

Date of Hearing:

Confirmed Manner of Hearing *(select one)*:

- By Videoconference
- By Audioconference
- In Person
- In Writing¹

¹ If the hearing will be in writing, the parties still need to fill out this form.

Is the appellant on a release pending appeal:

- Yes
- No
- Not applicable

Was the appeal expedited:

- Yes
- No

COUNSEL SLIP²

For Appellant(s)/Moving Party(ies):

Name of Person Appearing	Will you be providing oral submissions (yes or no)?	If yes, time assigned for your oral submissions:	Phone Number (<i>where you can be reached during the appeal, if conducted remotely</i>)	Email Address

² For in-person hearings, only counsel and self-represented parties will be permitted inside the courtroom. Up to four counsel in total can provide submissions without necessary disinfecting breaks in the proceeding to accommodate the rotation of counsel at assigned seats. Courtroom 7 can accommodate a maximum of 11 representatives. Courtroom 8 can accommodate a maximum of 8 representatives. Best efforts should be made to only identify individuals required to be in the courtroom. Observers may watch the proceedings remotely by Zoom.

For Respondent(s)/Responding Party(ies):

Name of Person Appearing	Will you be providing oral submissions (yes or no)?	If yes, time assigned for your oral submissions:	Phone Number (<i>where you can be reached during the appeal, if conducted remotely</i>)	Email Address

For Other:

Name of Person Appearing and For Whom	Will you be providing oral submissions (yes or no)?	If yes, time assigned for your oral submissions:	Phone Number (<i>where you can be reached during the appeal, if conducted remotely</i>)	Email Address

If the hearing will be in person, are any of the persons appearing exempt from wearing a mask in an Ontario courthouse?

No.

Yes. Insert name(s) below:

HEARING INFORMATION

Is there a legal provision or a court order³ that requires this hearing to be held *in camera* (closed to the public) (e.g., proceedings under the *Child, Youth and Family Services Act*)?

Yes. Identify that legal provision or court order below:

No.

Are there any privacy concerns associated with this case? Privacy concerns include publication bans, sealing orders, identities of children, etc.

No. If no, a Zoom link to the hearing will be posted on the court's public docket.⁴ Members of the public and the media will be able to observe the hearing by Zoom.⁵

Yes. If yes, members of the public and the media who wish to observe the hearing by Zoom must send a request in writing to the Registrar at least 48 hours in advance of the hearing. The Court will determine the manner in which the access will be provided.

³ Applications for a discretionary order to proceed *in camera* (close a hearing to the public) should be brought on notice to the media and well in advance of the hearing date.

⁴ No Zoom link will be posted for in-writing hearings.

⁵ The Court of Appeal cannot accommodate in-person observers.

If there are privacy concerns associated with this case, describe them in the space below (*space on form can expand, if needed*). If there is a publication ban and/or sealing order in place, clearly describe the ban/order, its legal basis and what it specifically covers in the proceedings.

Can the privacy concerns identified above be mitigated through the use of specific strategies during oral submissions, such as using initials instead of names, avoiding potentially sensitive details not essential to the argument, etc.?

Yes. Identify those specific strategies the parties agree to use to mitigate the privacy concerns in the space below (*space on form can expand, if needed*):

No. Explain in the space below why the privacy concerns cannot be mitigated through the use of specific strategies during oral submissions (*space on form can expand, if needed*):

CONFIRMATION OF REVIEW OF RECORD AND IDENTIFICATION OF PRIVACY CONCERNS

By checking this box, I/we confirm that I/we have reviewed the record in this case, and I/we have answered the questions about privacy concerns to the best of my/our knowledge.

Date

Signature

Date

Signature

Name

Name

Law Society Number (*unless self-represented*)

Law Society Number (*unless self-represented*)

Email Address

Email Address

Telephone Number

Telephone Number

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