File No: Your File Number	
THE QUEEN'S BENCH (Family/Civil Division)CENTRE	
Names are Exactly as Shown in the Title of Proceedings provided regardless who is making the application applicant	
and	
Names are Exactly as Shown in the Title of Proceedings provided regardless who is making the application	
respondent	
NOTICE OF APPLICATION TO SET-ASIDE/VARY/REVOKE A PROTECTION ORDER	
HEARING DATE: A court date will be set no less than 21 calendar days	
or 15 working days from the date of filing	

(Your full name, address, and telephone number)

BETWEEN:

			<i>7</i> 1
		File No:	Your File Number
	THE QUEEN'S BEN (Family/Civil Division CENT	on)	
BETWEEN:			
Names as Sh	nown in the Title of Proce	eedings provided	
	and		applicant
Names as Sl	nown in the Title of Proce	eedings provided	
APPLICATION UNDER (Select which	ch act)		respondent
☐ The Domestic Violence a Or	and Stalking Act		
☐ The Child Sexual Exploit	tation and Human Traff	icking Act	
NO	OTICE OF APPLICA	TION	
TO THE RESPONDING PARTY: I		lame as shown abo	ve including address
A LEGAL PROCEEDING HAS BE applicant appears on the following (the applicant. The	claim made by the
THIS APPLICATION will come on f	or a hearing before a ju	udge on <u>leave blan</u>	₹
leave blank	, at <u>leave blank</u>	_ a.m./p.m., at <u>lea</u>	ive blank
	leave blank	in the Province	of Manitoba.
IF YOU WISH TO OPPOSE THIS A	APPLICATION, you or	a Manitoba lawver	acting for you must

IF YOU WISH TO OPPOSE THIS APPLICATION, you or a appear at the hearing.

IF YOU WISH TO PRESENT AFFIDAVIT OR OTHER DOCUMENTARY EVIDENCE TO THE COURT OR TO EXAMINE OR CROSS-EXAMINE WITNESSES ON THE APPLICATION, you or your lawyer must serve a copy of the evidence on the applicant's lawyer or, where the applicant does not have a lawyer, serve it on the applicant, and file it, with proof of service, in the court office where the application is to be heard as soon as possible, but not later than 2:00 p.m. on a day that is at least seven days before the hearing.

IF YOU FAIL TO APPEAR AT THE HEARING, JUDGMENT MAY BE GIVEN IN YOUR

ABSENC	E AND WITHOUT FURTHER	NOTICE TO YOU.		
	Leave blank	Issued by	Do not Sign	
Date		Deputy R	egistrar	
		(Address of court office)		

APPLICATION

		(Print name)
Date		Signature
intimate	e re	lationship and/or had a child together: YES NO NO
		pplicant. The respondent and I have dated or lived together in a spousal, conjugal o
(cancel)) the	ir protection order.
NOTE: 1	The	following statement should only be completed by the protected party applying to revok
	d)	Such further and other evidence as this Honourable Court may permit.
	c)	The Affidavit of: Your Full Name as shown above);
	b)	The Transcript of Proceedings;
	a)	The Application for Protection Order;
3.	The	following documentary evidence will be used at the hearing of the application:
		☐ The Child Sexual Exploitation and Human Trafficking Act;
		Or
		☐ The Domestic Violence and Stalking Act;
		Pursuant to <i>The Queen's Bench Act</i> and Rules and (Select which act)
۷.	1110	
2.	The	e grounds for the application are:
	c)	Such further and other relief as this Honourable Court may permit.
		to be <u>(select either; set aside or varied or revoked)</u> and; (set side, varied, or revoked)
		☐ The Child Sexual Exploitation and Human Trafficking Act;
		Or The Obild Connel Fordsiteting and House at Trafficking Acts
		☐ The Domestic Violence and Stalking Act;
		(Specify Name as shown above) pursuant to;
		on (Specify Date) in the Provincial Court of Manitoba against
		The Protection Order granted by Judicial Justice of the Peace (Specify Name)
		Short leave (if necessary);
		(insert applicant or respondent)
1.	The	e (are you the applicant or the respondent) makes application for the following relief:

File No:	Your File Number

THE QUEEN'S BENCH (Family/Civil Division) ____ CENTRE

BE1	ΓW	EE	N:
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applicant

and

Names are Exactly as Shown in the Title of Proceedings provided regardless who is making the application

respondent

AFFIDAVIT OF	Your Full Name as Shown Above		
SWORN/AFFIRMED:	Leave Blank		

(Your full name, address, and telephone number)

File No:	Your File Number
H I) RE	
dings provided	applicant
dings provided	
	respondent
vn Above)	<u>.</u>
of	
(name of city, town, etc FIRM):	.)
edge of the facts ar matters are stated em to be true.	
of the Peace(S	pecify Name)_on
Provincial Court of M	lanitoba against
nt to;	
king Act	
to be set aside / variei	d /ov vevoked Tell
numbered pages as	
OF MY NOTICE OF	APPLICATION.
	1.000

THE QUEEN'S	S BENCH
(Family/Civil	Division)
	CENTRE

		(1 allilly/Civil	_ CENTRE	
BETWEEN	N:			
		Shown in the Titl	e of Proceedings provided	
		and		applicant
	Names as	Shown in the Titl	e of Proceedings provided	
			3 1	
				respondent
	AFFIDAVIT OF	(Your Full No	ime as Shown Above)	.
I, (Your Fu	ll Name as Shown Abou			
in the Drev	vince of Manitoba MAL	(city, town, etc		, etc.)
	vince of Manitoba, MA			
by me	in this Affidavit exce	ept where the fa	nal knowledge of the facts cts and matters are state believe them to be true.	
2. A Pro	tection Order was gra	anted by Judicia	I Justice of the Peace_	(Specify Name) on
(Specit	fy Date)		in the Provincial Court o	of Manitoba against
(Specit	fy name as Show Above		pursuant to;	
	The Decree Co Violence	A COLUMNIA A		
□ Or	The Domestic Violence	ce and Stalking A	CT	
	The Child Sexual Exp	loitation and Hum	nan Trafficking Act	
your s	tory in numbered parac	graph form. Insen	íon Order to be set asíde / va t as many numbered pages	as needed to disclose
all rele	vant facts.)			
I MAKE TH	HIS AFFIDAVIT BONA	FIDE AND IN SU	JPPORT OF MY NOTICE	OF APPLICATION.
-	Affirmed) before me at	the		
in the Prov	vince of Manitoba,		To Be Signed at the C Before the Commission	
this da	ay of , __			
			Signature of Dep	onent
A Commission	strar for Queen's Bench or oner for Oaths in and for e of Manitoba		- '	

My Commission expires: __

File No:	Your File Number

THE QUEEN'S BENCH (Family/Civil Division) ____ CENTRE

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applicant

and

Names are Exactly as Shown in the Title of Proceedings provided regardless who is making the application

respondent

AFFIDAVIT OF SERVICE

(Your full name, address and phone number)

THE QUEEN'S BENCH (Family/Civil Division) CENTRE

	——————————————————————————————————————	CEN	ITRE			
BETWEEN:						
	Names as Shown in th	e Title of Prod	ceedings provided			
		and		applicant		
	Names as Shown in th	e Title of Prod	ceedings provided			
				respondent		
	AFFIDAV	TIT OF SERV	VICE			
1. I, <u>Name</u>	e of person serving documents	, did on _	date served	personally		
serve _	Full Name of person being sen	ved at	Address	where served		
a	Name of Document Sen	/ed (í.e. Notíc	ce of Application)			
b	Name of Document Sen	ved (i.e. Affio	davít)			
C	Name of Document Sen	ved (i.e. Other	rs if applicable)			
2. My mea	ns of knowledge of the identit	y of <u>Name (</u>	of person being served	are as follows:		
a	Means of Identi	<u>fication (driv</u>	ver's license)			
b	Means of identification	(Manítoba M	nedical Card)			
	ned) before me at the					
in the Province	of Manitoba,		To be Signed at the Court Office or Before the Commissioner for Oaths			

Signature of Deponent

Deputy Registrar for Queen's Bench or A Commissioner for Oaths in and for The Province of Manitoba My Commission expires:

this ____ day of _____ , _____