

**THE QUEEN’S BENCH  
(Family/Civil Division)  
CENTRE**

BETWEEN:

*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

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**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

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*(Your full name, address, and telephone number)*

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respondent

APPLICATION UNDER *(Select which act)*

☐ The Domestic Violence and Stalking Act

Or

☐ The Child Sexual Exploitation and Human Trafficking Act

**NOTICE OF APPLICATION**

TO THE RESPONDING PARTY: The other party's Full Name as shown above including address and postal code or indicate LOCATION UNKNOWN

A LEGAL PROCEEDING HAS BEEN COMMENCED by the applicant. The claim made by the applicant appears on the following page.

THIS APPLICATION will come on for a hearing before a judge on leave blank,  
leave blank, at leave blank a.m./p.m., at leave blank  
leave blank in the Province of Manitoba.

IF YOU WISH TO OPPOSE THIS APPLICATION, you or a Manitoba lawyer acting for you must 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 ABSENCE AND WITHOUT FURTHER NOTICE TO YOU.

Leave blank  
Date

Issued by Do not Sign  
Deputy Registrar

(Address of court office)

**APPLICATION**

1. The (are you the applicant or the respondent) makes application for the following relief:  
*(insert applicant or respondent)*
- a) Short leave (if necessary);
- b) The Protection Order granted by Judicial Justice of the Peace (Specify Name)  
on (Specify Date) in the Provincial Court of Manitoba against  
(Specify Name as shown above) pursuant to;
- ☐ The Domestic Violence and Stalking Act;
- Or**
- ☐ The Child Sexual Exploitation and Human Trafficking Act;
- to be (select either: set aside or varied or revoked) and;  
*(set side, varied, or revoked)*
- c) Such further and other relief as this Honourable Court may permit.
2. The grounds for the application are:
- Pursuant to *The Queen's Bench Act* and Rules and  
*(Select which act)*
- ☐ The Domestic Violence and Stalking Act;
- Or**
- ☐ The Child Sexual Exploitation and Human Trafficking Act;
3. The following documentary evidence will be used at the hearing of the application:
- a) The Application for Protection Order;
- b) The Transcript of Proceedings;
- c) The Affidavit of :                     Your Full Name as shown above                    ;
- d) Such further and other evidence as this Honourable Court may permit.

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Date

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Signature

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*(Print name)*

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**respondent**

**AFFIDAVIT OF**           Your Full Name as Shown Above          

**SWORN/AFFIRMED:**           Leave Blank          

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(Your full name, address, and telephone number)*

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and

Names as Shown in the Title of Proceedings provided

respondent

**AFFIDAVIT OF** (Your Full Name as Shown Above)

I, (Your Full Name as Shown Above), of the \_\_\_\_\_ of \_\_\_\_\_  
(city, town, etc.) (name of city, town, etc.)

in the Province of Manitoba, MAKE OATH AND SAY (or AFFIRM):

1. I am making this application and have personal knowledge of the facts and matters stated by me in this Affidavit except where the facts and matters are stated to be based on information and belief and in which case I do believe them to be true.
2. A Protection Order was granted by Judicial Justice of the Peace (Specify Name) on (Specify Date) in the Provincial Court of Manitoba against (Specify name as Show Above) pursuant to;

☐ The Domestic Violence and Stalking Act

**Or**

☐ The Child Sexual Exploitation and Human Trafficking Act

3. (Set out each reason why you require the Protection Order to be set aside / varied /or revoked. Tell your story in numbered paragraph form. Insert as many numbered pages as needed to disclose all relevant facts.)

I MAKE THIS AFFIDAVIT BONA FIDE AND IN SUPPORT OF MY NOTICE OF APPLICATION.

Sworn (or Affirmed) before me at the  
of

in the Province of Manitoba,

this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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:

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**respondent**

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**AFFIDAVIT OF SERVICE**

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*(Your full name, address and phone number)*

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## AFFIDAVIT OF SERVICE

1. I, Name of person serving documents, did on date served personally  
serve Full Name of person being served at Address where served
- a. Name of Document Served (i.e. Notice of Application)
- b. Name of Document Served (i.e. Affidavit)
- c. Name of Document Served (i.e. Others if applicable)
2. My means of knowledge of the identity of Name of person being served are as follows:
- a. Means of Identification (driver's license)
- b. Means of identification (Manitoba Medical Card)

Sworn (or Affirmed) before me at the \_\_\_\_\_ of \_\_\_\_\_  
in the Province of Manitoba,

this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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: \_\_\_\_\_