File No:	Your File Number

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

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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

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	File No:	Your File Number
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		applicant
edings	s provided	
		respondent
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he ap	pplicant. The cl	laim made by the
dge o	n <u>leave blank</u>	
_ a.m.	/p.m., at <u>leave</u>	blank
in th	ne Province of	Manitoba.
a Man	itoba lawyer ad	cting for you must
ESSE the ap nt, and on as g.	S ON THE AF pplicant's lawy d file it, with po possible, but n	DENCE TO THE PLICATION, you get or, where the roof of service, in not later than 2:00

THE QUEEN'S BENC (Family/Civil Division

CENTRÉ
BETWEEN:
Names as Shown in the Title of Proceedings provided
applican and
Names as Shown in the Title of Proceedings provided
responden 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 <u>leave blank</u> ,
<u>leave blank</u> , at <u>leave blank</u> a.m./p.m., at <u>leave blank</u>
in the Province of Manitoba.
IF YOU WISH TO OPPOSE THIS APPLICATION, you or a Manitoba lawyer acting for you mus 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 Issued by Do not Sign
Date Deputy Registrar

(Address of court office)

APPLICATION

1.	The <u>(are you the applicant or the respondent)</u> 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 <u>(select either; set aside or varied or revoked)</u> 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 <i>The Queen's Bench Act</i> 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.
	: The following statement should only be completed by the protected party applying to revoke el) their protection order.
I am	the Applicant. The respondent and I have dated or lived together in a spousal, conjugal or
intima	ate relationship and/or had a child together: YES NO
Date	Signature
	(Print name)

	File No:	Your File Number
THE QUEEN'S BENCH (Family/Civil Division) CENTRE		
Names are Exactly as Shown in the Title of Proce regardless who is making the applicatio		applicant
and		
Names are Exactly as Shown in the Title of F regardless who is making the applicatio		ded
		respondent
FFIDAVIT OFYour Full Name as Sh	own Above	
WORN/AFFIRMED: Leave Blank	2	_

(Your full name, address, and telephone number)

AFFIDAVIT OF _

SWORN/AFFIRMED:

BETWEEN:

	File No:		Your Fili	e Number	
THE QUEEN'S BENCH (Family/Civil Division) CENTRE					
hown in the Title of Proceedings	provided				
and			;	applicant	
hown in the Title of Proceedings	provided				
			res	spondent	
(Your Full Name as Shown Ab	ove)		<u>.</u>		
_ of the of					
(city, town, etc.) (na	me of city, tow	n, etc.)		
OATH AND SAY (or AFFIRM):				
nd have personal knowledge t where the facts and matte nich case I do believe them to	rs are sta				
ted by Judicial Justice of th	e Peace_	(Sp	ecify N	<u>lame)</u> on	
in the Provir	icial Court	of M	anitoba	against	
pursuant to;					
and Stalking Act					
itation and Human Trafficking	Act				
quire the Protection Order to be s aph form. Insert as many num					
IDE AND IN SUPPORT OF M	Y NOTICE	OF.	APPLIC	CATION.	
— To Be Sig	ned at the (Court	office	or	
Before th	e Commissi	ioner	for Oatl	1S	

BETWEEN: Names as Shown in the Title of P and Names as Shown in the Title of P AFFIDAVIT OF ______ (Your Full Name as I, (Your Full Name as Shown Above), of the (city, town, etc.) in the Province of Manitoba, MAKE OATH AND SAY (c 1. I am making this application and have personal kr by me in this Affidavit except where the facts a information and belief and in which case I do believ 2. A Protection Order was granted by Judicial Jus (Specify Date) in (Specify name as Show Above) pu ☐ The Domestic Violence and Stalking Act Or ☐ The Child Sexual Exploitation and Human T 3. (Set out each reason why you require the Protection O. your story in numbered paragraph form. Insert as n all relevant facts.) I MAKE THIS AFFIDAVIT BONA FIDE AND IN SUPPO Sworn (or Affirmed) before me at the ____ of __ in the Province of Manitoba, this ____ day of _____, ____, Signature of Deponent Deputy Registrar for Queen's Bench or A Commissioner for Oaths in and for The Province of Manitoba My Commission expires: _

	F	ile No:	Your File Number
	THE QUEEN'S BENCH (Family/Civil Division) CENTRE		
BETWEEN:			
	Names are Exactly as Shown in the Title of Proceedi regardless who is making the application	ings provide	ed
			applicant
	and		
	Names are Exactly as Shown in the Title of Proc regardless who is making the application	ceedings pro	víded
			respondent
	AFFIDAVIT OF SERVICE		
	AITIDAVII OI SERVICE		

(Your full name, address and phone number)

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

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Names as Shown in the Title of Proceedings provided

applicant respondent

and

Names as Shown in the Title of Proceedings provided

AFFIDAVIT OF SERVICE

1. 1, <u>Name o</u>	Therson serving accuments, , u	ild on <u>aute servea</u> personali
serve <u>Fu</u>	ll Name of person being served	at Address where served
a	Name of Document Served (i.	.e. Notice of Application)
	Name of Document Served (i.e. Affidavit)	
C	Name of Document Served (í.	.e. Others if applicable)
2. My means	of knowledge of the identity of_	Name of person being served are as follows:
a b		on (dríver's lícense) nítoba Medícal Card)
·	d) before me at the	
n the Province of Manitoba,		To be Signed at the Court Office or Before the Commissioner for Oaths
his day of	,	Before the Commissioner for Duchs
		Signature of Deponent
Deputy Registrar for C A Commissioner for C The Province of Mani	Daths in and for	