

**THE KING’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

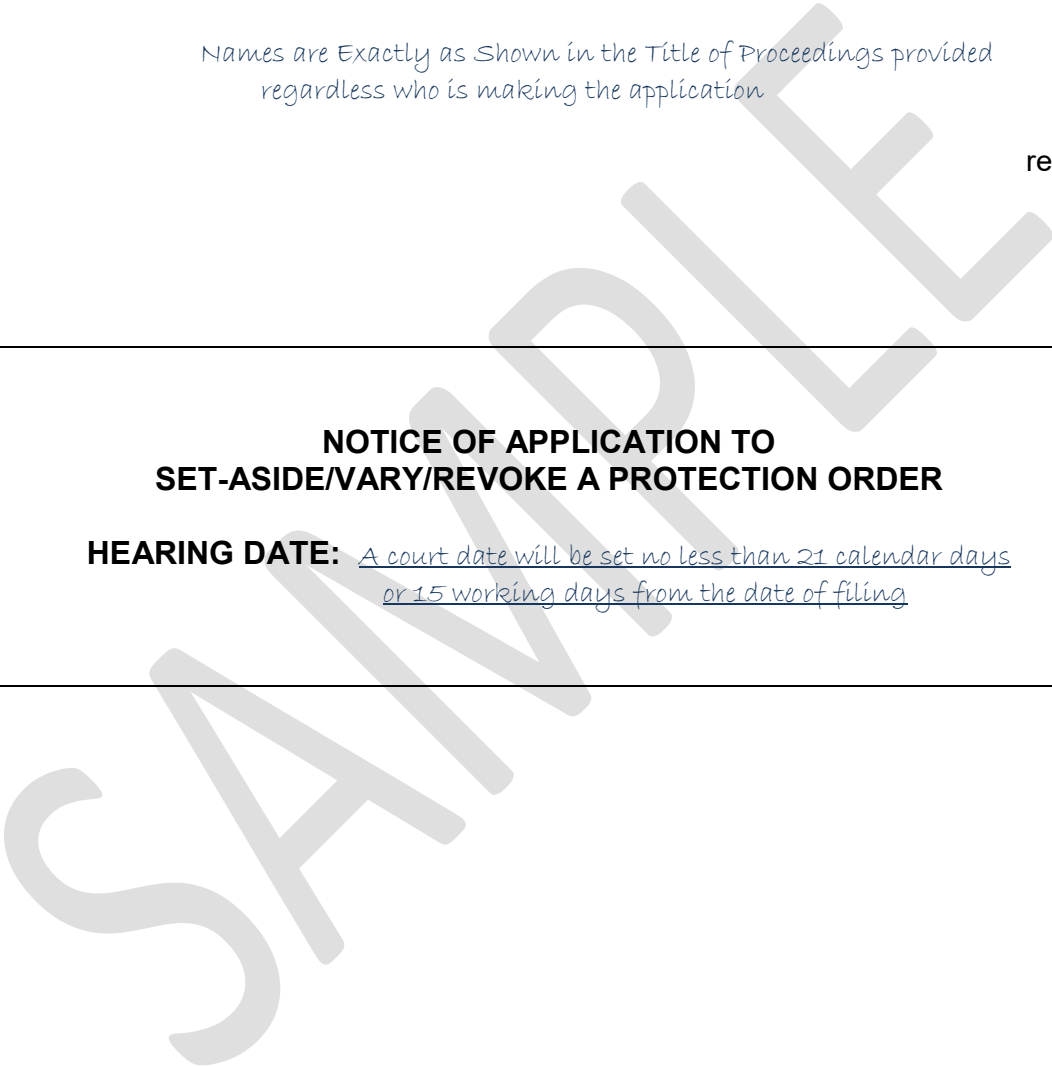
and

*Names are Exactly as Shown in the Title of Proceedings provided
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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)

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 King'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.

NOTE: The following statement should only be completed by the protected party applying to revoke (cancel) their protection order.

I am the Applicant. The respondent and I have dated or lived together in a spousal, conjugal or intimate relationship and/or had a child together: YES NO

Date

Signature

(Print name)

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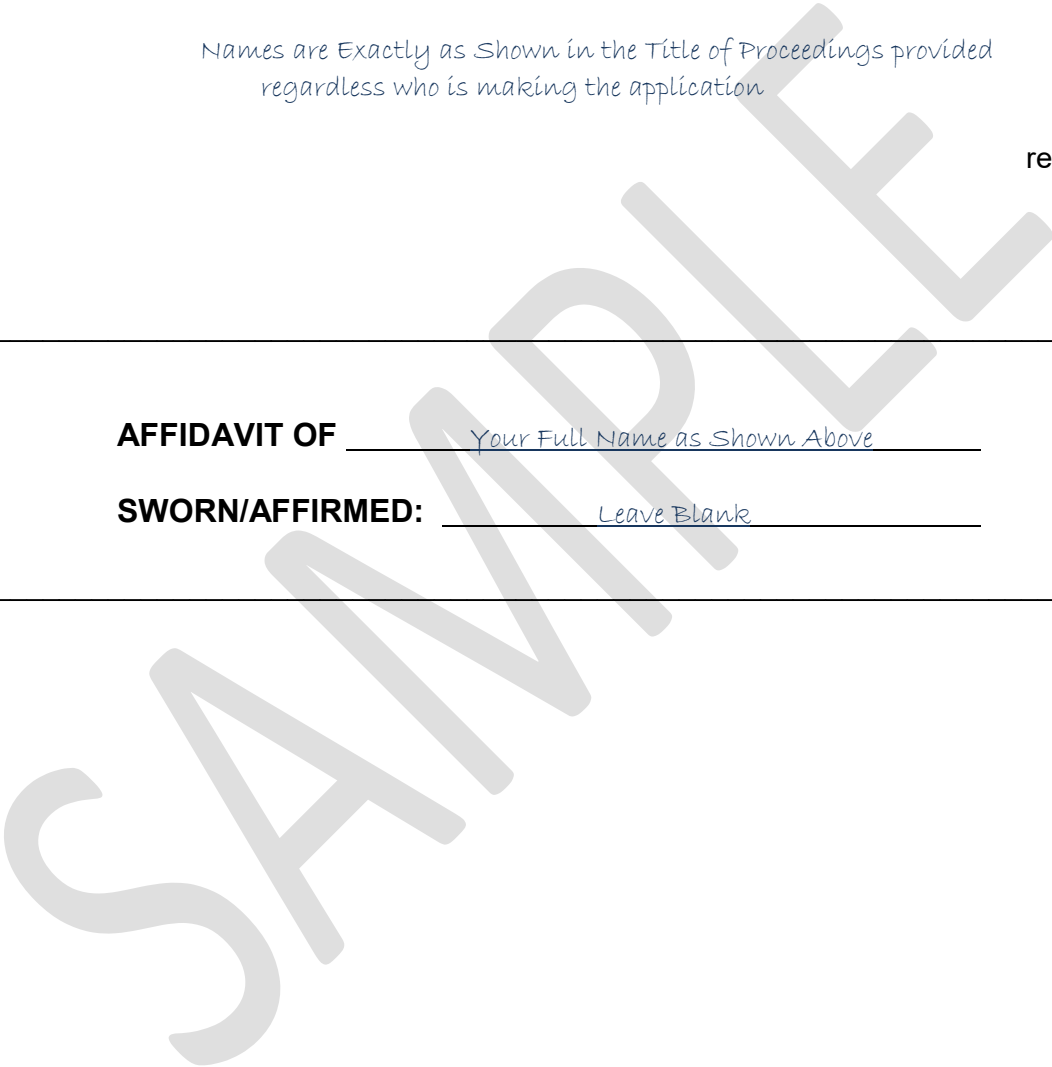
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respondent

AFFIDAVIT OF Your Full Name as Shown Above

SWORN/AFFIRMED: Leave Blank



(Your full name, address, and telephone number)

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and

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AFFIDAVIT OF SERVICE

SAMPLE

(Your full name, address and phone number)

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applicant

and

Names as Shown in the Title of Proceedings provided

respondent

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