



At any time after an Application has been filed with the Tribunal, a party may make a Request for an Order during a proceeding by completing this Request for an Order During Proceedings (Form 10).

The Tribunal will determine whether a Request for an Order will be heard in writing, in person or electronically and, where necessary, will set a date for the hearing of the Request. This Request may be heard on the basis of Form 10 alone.

Follow these steps to make your request:

1. Fill out this Form 10.
2. All documents you are relying on must be included with this Form 10.
3. Deliver a copy of Form 10 to all parties and any person or organization who has an interest in this Request.
4. If this is a Request for an Order that a non-party provide a report, statement or oral or affidavit evidence in accordance with Rule 1.7 (q), this Form 10 must be delivered to the non-party in addition to the other parties in the proceeding.
5. Complete a Statement of Delivery (Form 23).
6. File Form 10 and Form 23 with the Tribunal.

Information for all parties and any person or organization who receives a copy of this Request

You may respond to this Request for an Order by completing a Response to a Request for an Order During Proceedings (Form 11).

Follow these steps to respond:

1. Fill out Form 11.
2. All documents you are relying on must be included with Form 11.
3. Deliver a copy of Form 11 to all parties and any other person or organization that has an interest in the Request.
4. Complete a Statement of Delivery (Form 23).
5. File Form 11 and Form 23 with the Tribunal.

You must file your Response to a Request for Order not later than **fourteen (14)** days after the Request for Order was delivered to you.

Download forms from the Tribunal's web site
accessible format, contact us:

If you need a paper copy or

Human Rights Tribunal of Ontario
15 Grosvenor Street, Ground Floor
Toronto, ON M7A 2G6

Phone: 416-326-1312 Toll-free: 1-866-598-0322

TTY: 416-326-2027 Toll-free: 1-866-607-1240

Email:



Application Information

| | |
|--------------------------|--|
| Tribunal File Number: | |
| Name of Applicant: | |
| Name of Each Respondent: | |

1. Your contact information (person or organization making this Request)

| | | | | | |
|-----------------------|-------------|-----------------------|-------------|------------------------------|--|
| First (or Given) Name | | Last (or Family) Name | | Organization (if applicable) | |
| Street Number | Street Name | | | Apt/Suite | |
| City/Town | | Province | Postal Code | Email | |
| Daytime Phone | Cell Phone | Fax | TTY | | |

If you are filing this as the Representative (e.g. lawyer) of one of the parties please indicate:

| | |
|---|--------------------------|
| Name of party you act for and are filing this on behalf of: | LSUC No. (if applicable) |
|---|--------------------------|

What is the best way to send information to you? Mail Email Fax
(If you check email, you are consenting to the delivery of documents by email.)

Check off whether you are (or are filing on behalf of) the:

Applicant Respondent Ontario Human Rights Commission

Other - describe: _____

2. Please check off what you are requesting:

| | |
|---|--|
| <input type="checkbox"/> Request to consolidate or have applications heard together | <input type="checkbox"/> Request to re-activate deferred Application |
| <input type="checkbox"/> Request to add a party | <input type="checkbox"/> Request for particulars |
| <input type="checkbox"/> Request to amend Application or Response | <input type="checkbox"/> Request for production of documents |
| <input type="checkbox"/> Request to defer Application | <input type="checkbox"/> Other, please explain: _____ |
| <input type="checkbox"/> Request extension of time | |

3. Please describe the order requested in detail.

4. What are the reasons for the Request, including any facts relied on and submissions in support of the Request?

5. Do the other parties consent to your Request?

- Yes No Don't know

6. If you are requesting production of a Document(s), please explain if you have already requested the document and any response you have received. You must attach a copy of your written Request for the Document(s) and the Responding Party's Response, if any.

7. If you are relying on any documents in this Request, please list below and attach. You must include all the documents you are relying on.

8. Please check off how you wish the tribunal to deal with the matter:

- In writing Conference call In person hearing Don't know

9. Explain why you wish the Tribunal to deal with the request in the manner indicated above.

10. Do the other parties agree with your choice for how the Tribunal should deal with your Request?

- Yes No Don't know

11. Signature

By signing my name, I declare that, to the best of my knowledge, the information that is found in this form is complete and accurate.

Name:

Signature:

Date: (dd/mm/yyyy)

- Please check this box if you are filing your request electronically. This represents your signature. You must fill in the date, above.

Collection of Information:

Under the Ontario *Human Rights Code*, the Human Rights Tribunal of Ontario (HRTO) has the right to collect the personal information requested on this form. We use the information to resolve your application. After you file the form, your information may also be available to the public. If you have questions about how the HRTO uses your personal information, contact the HRTO at 416-326-1312 or 1-866-598-0322 (toll-free.)