



Tribunals Ontario

Animal Care Review Board
15 Grosvenor St, Ground Fl
Toronto ON M7A 2G6
Telephone: 416-326-1356 / 1-888-444-0240
Teletypewriter (TTY): 1-800-855-0511
Website: tribunalsontario.ca/acrb

Notice of Motion

Disponible en français

Important Information

- You must complete all sections of this form and attach additional information and/or documents as required. Supporting submissions must not exceed 6 double-spaced pages, exclusive of evidence and authorities. Submissions must be 12 point, Arial or Times New Roman font, with 1.5 inch margins.
- The processing of your Notice of Motion could be delayed if information or documents are missing.
- Please review [Rule 15](#) for the requirements to file a motion.

File No.: _____

Name and Contact Information of Party making this Motion

Last Name	First Name	Middle Initial
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Name of Party _____

Address:

Unit Number	Street Number	Street Name	PO Box
Municipality (<i>City, town</i>)		Province	Postal Code
Telephone Number	Fax Number	Email Address	

I am the (check one):

- Appellant Respondent
- I have attached a copy of the order or decision this motion relates to, if any.

Details about the Motion

Describe in detail what remedy are you seeking. Please indicate if the motion is being made with the consent of the other parties.

Please indicate the evidence and authorities you intend to rely on in support of the motion:

Please indicate the proposed motion hearing format:

Electronically In-Person In Writing

Please advise if you wish to have the motion hearing heard at the Next Scheduled Event:

No Yes, if so:

Date of Next Scheduled Event (yyyy/mm/dd)

Acknowledgement

Read carefully then check each box to confirm the statement and sign and date the form.

I have completed all pages of this form and attached all the required documentation. I understand that if I submit an incomplete form or do not attach required documents, my motion may not be processed.

I have served a copy of this Notice of Motion and all additional attached documents on all other parties to the appeal and where applicable, on the person who issued the order/decision/proposal that is the subject of my appeal.

Signature

Last Name

First Name

Signature of Party or Representative

Date (yyyy/mm/dd)

The Animal Care Review Board collects the personal information requested on this form under section 3 of *PAWS ACT, 2019*. This information will be used to determine appeals under this *Act*. After an appeal is filed, all information may become available to the public. Any questions about this collection may be directed to the Animal Care Review Board at 416-326-1356 or toll-free at 1-888-444-0240.