



At any time after an application has been filed with the Tribunal, a party may make a Request for a Summary Hearing by completing this Request for Summary Hearing (Form 26).

A party who has received this Request for Summary Hearing form may file a Response to the Request using Form 11 not later than 14 days after the Request for Summary Hearing was delivered. The HRTO may direct that a Response to the Request for Summary Hearing is required.

For more information on summary hearings see the Tribunal's **Practice Direction: Summary Hearing Requests**.

**Follow these steps to make your request:**

1. Fill out this Form 26.
2. Provide all your submissions in support of the Request.
3. Deliver a copy of Form 26 along with a copy of the Tribunal's Practice Direction: Summary Hearing Requests to all parties.
4. Complete a Statement of Delivery (Form 23).
5. File the Form 26 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 the Request for Summary Hearing by completing Form 11, delivering a copy to all parties and filing it with the Tribunal, along with a Statement of Delivery, not later than 14 days after the Request for Summary Hearing was delivered. The Tribunal may direct that a Response to the Request for Summary Hearing is required.

**NOTE: After reviewing this Form and any response, the Tribunal will decide whether a summary hearing will be held. When the Tribunal decides not to hold a summary hearing, it need not give reasons for this decision.**

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  
Fax: 416-326-2199 Toll-free: 1-866-355-6099  
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)
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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 indicate whether you are asking the Application to be dismissed in whole or in part. If in part, please specify.**

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**3. On what basis do you claim that there is no reasonable prospect that the Application or part of the Application will succeed? Include any facts relied on and full submissions in support of the request.**

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**4. Rule 19 A.3 requires that a party making a request for a summary hearing deliver to the other parties a copy of the Tribunal’s Practice Direction: Summary Hearing Requests. Have you delivered this Practice Direction with this request?**

Yes

**5. 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.**

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**6. Have you disclosed any documents to the other parties? If so, please advise what has been disclosed.**

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**7. Please check off how you wish the Tribunal to deal with the matter:**

Conference Call       In Person Hearing

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

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**9. 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:	
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Signature:	Date: (dd/mm/yyyy)
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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.)