

# APPLICATION TO CHANGE METHOD OF ATTENDANCE

## Form 3

In the Provincial Court of British Columbia

Under the

*Snuw'uy'ulhtst tu Quw'utsun Mustimuhw u' tu Shhw'a'luqwa'a' i' Smun'eem*

[Laws of the Cowichan People for Families and Children]

REGISTRY FILE NUMBER

REGISTRY LOCATION

### In the matter of the Smun'eem:

Name(s)

Date(s) of Birth (mm/dd/yyyy)


### The parent(s)/care provider(s) of the Smun'eem is/are:

Name(s)


Applicant name

Address

City

Province

Postal Code

Phone

Email

Fax

**I am** Choose one of the following options

- ☐ CEO or delegate      ☐ Lawyer/Lawyer of Record for Name
- ☐ Parent / Care Provider      ☐ Designated Representative
- ☐ Other Name

**1. I am applying for an order to allow:**

*Select all options that apply*

- ☐ Me
- ☐ Parent(s) / Care Provider(s) Include name(s)
- ☐ Witness(es) Include name(s)
- ☐ Other Specify
- (the "Participant")

Choose one of the following options. If Hearing, Trial, Continuation, or Other, please also complete section 2 below.

to attend at the:

- ☐ Case Conference      ☐ Hearing      ☐ Trial      ☐ Continuation
- ☐ Other Specify

Scheduled for mm/dd/yyyy at Time ☐ am ☐ pm by Method of attendance

By another method of attendance as follows: Choose one of the following options

- ☐ Audioconference (telephone)
- ☐ Videoconference (MS Teams)
- ☐ I confirm the Participant has the means to appear by videoconference (computer/tablet/mobile, reliable internet connection)
- ☐ In person

For the following reasons: Must complete this section


☐ Check box if you have attached a page with further information

☐ I understand I must promptly advise the other parties and other persons entitled to notice of this application of the outcome of this application, see Rule 8 Service and Proving Service.

2. The Participant intends to present oral evidence (for example, the Participant intends to testify or call witnesses to testify) at the appearance noted above? ☐ Yes ☐ No

If yes, this application must be served on all other parties and other persons entitled to notice of this application, see Rule 8 Service and Proving Service.

Additional information about oral evidence:

☐ The Participant intends on ☐ testifying and/or ☐ calling witnesses to testify

*Insert total number of witnesses \_\_\_\_ and brief description of nature of their evidence*

☐ Check box if you have attached a page with further information

**Registry to complete:**

This application will be made to the court on \_\_\_\_\_ at \_\_\_\_\_ ☐ am ☐ pm  
Date Time

You may attend the court appearance by another method as specified.

☐ in person at

court location

☐ by another method  
of attendance, as  
specified

attendance details

3. Select the following additional information that applies:

☐ The Participant requires and has requested or will request an interpreter

☐ The Participant intends on presenting written evidence

*brief description of document(s) or materials*

☐ Check box if you have attached a page with further information

**FOR COURT USE ONLY**

**Presiding Judge:**

Hearing: ☐ required ☐ not required  
Application: ☐ granted ☐ denied

Terms if granted/Reasons if denied: \_\_\_\_\_

Further court directions:

☐ Check box if you have attached a page with further information

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

**FOR REGISTRY USE ONLY**

Advised \_\_\_\_\_ at \_\_\_\_\_ am/pm on \_\_\_\_\_  
Name of applicant Time Date  
\_\_\_\_\_  
(Clerk initials)