**Form 9: Notice of Motion**

**CERVICALCHECK TRIBUNAL**

**NOTICE OF MOTION**

**Claim record no.:**

**[1st]\* Claimant**

Full name: ……………………………………………………….. *\*(add “and others” where there is more than one claimant)*

**[1st]\* Respondent**

Full name: ………………………………………………………..*\*(add “and others” where there is more than one respondent)*

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**TAKE NOTICE** that the [*insert claimant/respondent]* will apply to the CervicalCheck Tribunal sitting at ………..at ……..o’clock or as soon as may be thereafter on ………of…….…….20….. (the **“return date”**) for the following pre-trial orders in the above Tribunal proceedings:

[*Set out orders, directions or other reliefs sought in numbered paragraphs. Where no grounding affidavit is filed or served, set out succinctly the grounds for seeking each such order, direction or other relief*.]

Dated: …………………………………………..

Signed: ………………………………………….

[Print name]: ……………………………………

Moving Party /Solicitor(s) for moving Party

To: Registrar

CervicalCheck Tribunal at………………………….

And to: ………………..of ………………………………….,

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**