

Plaintiff

v.

Defendant

and

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**TRIAL READINESS FORM**

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**PRELIMINARIES**

This trial readiness form is made on the initiative of:

- the Plaintiff:  
 the Defendant:  
 :

Its content has been discussed with all parties to the dispute:

- Yes  
 No, for the following reasons:

**1. CONTACT INFORMATION OF PARTIES AND LAWYERS**

<b>Plaintiff</b>	<b>Lawyer responsible</b>
Name:	Name:
Address:	Firm:
Telephone:	Address:
Fax:	Telephone:
Email:	Fax:
	Email:

Defendant	Lawyer responsible
Name: Address: Telephone: Fax: Email:	Name: Firm: Address: Telephone: Fax: Email:
	Lawyer responsible
Name: Address: Telephone: Fax: Email:	Name: Firm: Address: Telephone: Fax: Email:

2. DISPUTE		
<b>Principal application</b>		
Nature: Value of the subject matter of the dispute:		
<b>Cross-application</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Nature: Value of the subject matter of the dispute:		
<b>Recourse(s) in warranty</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Intervention(s)</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Issues in dispute		
List of the facts that are admitted		

**List of the points to be determined by experts**

**3. EXHIBITS AND EVIDENCE**

**THE PLAINTIFF** (check the boxes below that apply to the documents relevant as evidence)

<input type="checkbox"/>	Declares that it has enclosed with this declaration a complete list of the exhibits sent by it (art. 248, para. 1 C.C.P.);		
<input type="checkbox"/>	Declares that it has filed in the record the affidavits in lieu of testimony of the following persons (art. 292 C.C.P.): <table border="0"><tr><td><ul style="list-style-type: none"><li>• Affiant:</li><li>• Date of affidavit:</li></ul></td><td><ul style="list-style-type: none"><li>• Affiant:</li><li>• Date of affidavit:</li></ul></td></tr></table>	<ul style="list-style-type: none"><li>• Affiant:</li><li>• Date of affidavit:</li></ul>	<ul style="list-style-type: none"><li>• Affiant:</li><li>• Date of affidavit:</li></ul>
<ul style="list-style-type: none"><li>• Affiant:</li><li>• Date of affidavit:</li></ul>	<ul style="list-style-type: none"><li>• Affiant:</li><li>• Date of affidavit:</li></ul>		
<input type="checkbox"/>	Declares that it has filed in the record the transcript of the examinations (oral or written) of the following persons in order to use them at trial (art. 224 et 227 C.C.P.): <table border="0"><tr><td><ul style="list-style-type: none"><li>• Witness:</li><li>• Date of examination:</li></ul></td><td><ul style="list-style-type: none"><li>• Witness:</li><li>• Date of examination:</li></ul></td></tr></table>	<ul style="list-style-type: none"><li>• Witness:</li><li>• Date of examination:</li></ul>	<ul style="list-style-type: none"><li>• Witness:</li><li>• Date of examination:</li></ul>
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<input type="checkbox"/>	Declares that it has filed in the record the following expert reports in order to use them at trial (art. 239 C.C.P.): <table border="0"><tr><td><ul style="list-style-type: none"><li>• Name:</li><li>• Field of expertise:</li><li>• Date:</li><li>• No.:</li></ul></td><td><ul style="list-style-type: none"><li>• Name:</li><li>• Field of expertise:</li><li>• Date:</li><li>• No.:</li></ul></td></tr></table>	<ul style="list-style-type: none"><li>• Name:</li><li>• Field of expertise:</li><li>• Date:</li><li>• No.:</li></ul>	<ul style="list-style-type: none"><li>• Name:</li><li>• Field of expertise:</li><li>• Date:</li><li>• No.:</li></ul>
<ul style="list-style-type: none"><li>• Name:</li><li>• Field of expertise:</li><li>• Date:</li><li>• No.:</li></ul>	<ul style="list-style-type: none"><li>• Name:</li><li>• Field of expertise:</li><li>• Date:</li><li>• No.:</li></ul>		

**THE DEFENDANT** (check the boxes below that apply to the documents relevant as evidence)

<input type="checkbox"/>	Declares that it has enclosed with this declaration a complete list of the exhibits sent by it (art. 248, para. 1 C.C.P.);		
<input type="checkbox"/>	Declares that it has filed in the record the affidavits in lieu of testimony of the following persons (art. 292 C.C.P.): <table border="0"><tr><td><ul style="list-style-type: none"><li>• Affiant:</li><li>• Date of affidavit:</li></ul></td><td><ul style="list-style-type: none"><li>• Affiant:</li><li>• Date of affidavit:</li></ul></td></tr></table>	<ul style="list-style-type: none"><li>• Affiant:</li><li>• Date of affidavit:</li></ul>	<ul style="list-style-type: none"><li>• Affiant:</li><li>• Date of affidavit:</li></ul>
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<ul style="list-style-type: none"><li>• Name:</li><li>• Field of expertise:</li><li>• Date:</li><li>• No.:</li></ul>	<ul style="list-style-type: none"><li>• Name:</li><li>• Field of expertise:</li><li>• Date:</li><li>• No.:</li></ul>		

(check the boxes below that apply to the documents relevant as evidence):

<input type="checkbox"/>	Declares that it has enclosed with this declaration a complete list of the exhibits sent by it (art. 248, para. 1 C.C.P.);	
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### 3.1 POSITION OF THE PARTIES REGARDING EXHIBITS DISCLOSED

#### PLAINTIFF'S EXHIBITS

	DESCRIPTION	ADMISSION	ADMISSION	NO ADMISSION
		Origin, integrity and content	Origin and integrity only (content denied)	Witness necessary for filing

#### DEFENDANT'S EXHIBITS

	DESCRIPTION	ADMISSION	ADMISSION	NO ADMISSION
		Origin, integrity and content	Origin and integrity only (content denied)	Witness necessary for filing

'S EXHIBITS				
DESCRIPTION	ADMISSION	ADMISSION	NO ADMISSION	
	Origin, integrity and content	Origin and integrity only (content denied)	Witness necessary for filing	

4 TRIAL				
4.1 LIST OF ORDINARY WITNESSES				
Please estimate as accurately as possible the duration of testimonies, including cross-examinations.				
PLAINTIFF'S WITNESSES				
NAME / OBJECT OF THE TESTIMONY	LANGUAGE	DURATION EXAMINATION	DURATION CROSS-EXAMINATION	TOTAL DURATION
	<input type="checkbox"/> F <input type="checkbox"/> E			
	<input type="checkbox"/> F <input type="checkbox"/> E			
	<input type="checkbox"/> F <input type="checkbox"/> E			
	<input type="checkbox"/> F <input type="checkbox"/> E			
Total duration of the Plaintiff's evidence (1 day = 5 hours) days hours				
Where applicable, explain why the identity of certain witnesses must be concealed (the estimated duration of examinations and cross-examinations must still be indicated above):				
DEFENDANT'S WITNESSES				
NAME / OBJECT OF THE TESTIMONY	LANGUAGE	DURATION EXAMINATION	DURATION CROSS-EXAMINATION	TOTAL DURATION
	<input type="checkbox"/> F <input type="checkbox"/> E			
	<input type="checkbox"/> F <input type="checkbox"/> E			
	<input type="checkbox"/> F <input type="checkbox"/> E			
	<input type="checkbox"/> F <input type="checkbox"/> E			
Total duration of the Defendant's evidence (1 day = 5 hours) days hours				
Where applicable, explain why the identity of certain witnesses must be concealed (the estimated duration of examinations and cross-examinations must still be indicated above):				

<b>'S WITNESSES</b>				
NAME / OBJECT OF THE TESTIMONY	LANGUAGE	DURATION EXAMINATION	DURATION CROSS-EXAMINATION	TOTAL DURATION
	<input type="checkbox"/> F <input type="checkbox"/> E			
	<input type="checkbox"/> F <input type="checkbox"/> E			
	<input type="checkbox"/> F <input type="checkbox"/> E			
	<input type="checkbox"/> F <input type="checkbox"/> E			
Total duration of _____'s evidence (1 day = 5 hours) _____ days _____ hours				
Where applicable, explain why the identity of certain witnesses must be concealed (the estimated duration of examinations and cross-examinations must still be indicated above):				

**4.2 EXPERT EVIDENCE**

Please estimate as accurately as possible the duration of testimonies, including cross-examinations.

**JOINT EXPERT**

NAME	FIELD	LANGUAGE
		<input type="checkbox"/> French <input type="checkbox"/> English

<input type="checkbox"/>	<p>Although the expert report stands in lieu of the expert's testimony, the expert is expected to be examined in order to obtain clarifications on the following subject matters in the report (arts. 293, 294 C.C.P.).</p> <p>Explain:</p>          
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EXPECTED DURATION FOR THE JOINT EXPERT'S EVIDENCE	DURATION EXAMINATION BY THE PLAINTIFF	DURATION EXAMINATION BY THE DEFENDANT	DURATION EXAMINATION BY (identify the party)	TOTAL DURATION

**PLAINTIFF'S EXPERT**

NAME	FIELD	LANGUAGE
		<input type="checkbox"/> French <input type="checkbox"/> English

**ADMISSION OF THE EXPERT'S QUALIFICATION**

By the Defendant  YES  NO  
 By  YES  NO

If the expert's qualification is contested, explain why:

Although the expert report stands in lieu of the expert's testimony, the expert is expected to be examined in order to obtain clarifications on the following subject matters in the report (arts. 293, 294 C.C.P).  
 Explain:

The expert is expected to be cross-examined (art. 294 C.C.P):  
 by the Defendant  
 by

EXPECTED DURATION FOR THE PLAINTIFF'S EXPERT EVIDENCE	DURATION EXAMINATION	DURATION CROSS-EXAMINATION	TOTAL DURATION

**DEFENDANT'S EXPERT**

NAME	FIELD	LANGUAGE
		<input type="checkbox"/> French <input type="checkbox"/> English

**ADMISSION OF THE EXPERT'S QUALIFICATION**

By the Plaintiff  YES  NO  
 By  YES  NO

If the expert's qualification is contested, explain why:

Although the expert report stands in lieu of the expert's testimony, the expert is expected to be examined in order to obtain clarifications on the following subject matters in the report (arts. 293, 294 C.C.P).  
 Explain:

The expert is expected to be cross-examined (art. 294 C.C.P):  
 by the Plaintiff  
 by

EXPECTED DURATION FOR THE DEFENDANT'S EXPERT EVIDENCE	DURATION EXAMINATION	DURATION CROSS-EXAMINATION	TOTAL DURATION

'S EXPERT			
NAME	FIELD	LANGUAGE	
		<input type="checkbox"/> French <input type="checkbox"/> English	
<b>ADMISSION OF THE EXPERT'S QUALIFICATION</b>			
By the Plaintiff		<input type="checkbox"/> YES	<input type="checkbox"/> NO
By the Defendant		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If the expert's qualification is contested, explain why:			
<input type="checkbox"/>	Although the expert report stands in lieu of the expert's testimony, the expert is expected to be examined in order to obtain clarifications on the following subject matters in the report (arts. 293, 294 C.C.P.).  Explain:		
<input type="checkbox"/>	The expert is expected to be cross-examined (art. 294 C.C.P.): <input type="checkbox"/> by the Plaintiff <input type="checkbox"/> by the Defendant		
EXPECTED DURATION FOR THE EXPERT EVIDENCE	'S	DURATION EXAMINATION	DURATION CROSS-EXAMINATION
			TOTAL DURATION

4.3 SUMMARY OF THE TRIAL		
<b>PLAINTIFF'S EVIDENCE</b>		
Total duration ordinary witnesses	days	hours
Total duration expert evidence	days	hours
Duration arguments	days	hours
<b>Total duration of the Plaintiff's evidence</b>	days	hours
<b>THE DEFENDANT'S EVIDENCE</b>		
Total duration ordinary witnesses	days	hours
Total duration expert evidence	days	hours
Duration arguments	days	hours
<b>Total duration of the Defendant's evidence</b>	days	hours



<b>'S EVIDENCE</b>		
Total duration ordinary witnesses	days	hours
Total duration expert evidence	days	hours
Duration arguments	days	hours
<b>Total duration of</b> _____ <b>'s evidence</b>	days	hours
<b>TOTAL DURATION OF THE TRIAL</b>		<b>days</b> <b>hours</b>

**4.4. SERVICES REQUIRED DURING THE TRIAL**

<input type="checkbox"/>	<p><b>The services of an interpreter are required for testimony by the following witness(es):</b></p>  <p>The party requiring the services of an interpreter is responsible for retaining the interpreter's services and paying the fees for those services.</p>
<input type="checkbox"/>	<p><b>The following technological means are required during the trial:</b></p> <p>A party wishing to use technological means is responsible for obtaining the court's authorization (if required) and must also ensure the availability of those means and bear the costs thereof.</p> <p>A party wishing to administer evidence by technological means, especially if an internet connection is required, is responsible for coordinating the process.</p>

On \_\_\_\_\_

Plaintiff  
or  
**M<sup>tre</sup>**  
Plaintiff's lawyer(s)  
(Firm name)  
(Address)  
(City, province and postal code)  
Telephone:  
Fax:  
Email:

On \_\_\_\_\_

Defendant  
or  
**M<sup>tre</sup>**  
Plaintiff's lawyer(s)  
(Firm name)  
(Address)  
(City, province and postal code)  
Telephone:  
Fax:  
Email:

On \_\_\_\_\_

or  
**M<sup>tre</sup>**  
Lawyer(s)  
(Firm name)  
(Address)  
(City, province and postal code)  
Telephone:  
Fax:  
Email:

On \_\_\_\_\_

or  
**M<sup>tre</sup>**  
Lawyer(s)  
(Firm name)  
(Address)  
(City, province and postal code)  
Telephone:  
Fax:  
Email: