**APPLICATION TO CHANGE THE MODE OF HEARING**

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| **Section 1: Applicant** |
| Name of party: |

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| **Section 2: Record number(s)** | |
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| **Section 3: Hearing** |
| **Date of summons:** |
| **Requested mode of hearing:**  Virtual  Hybrid  In person |
| **Consent of parties**  Name of party and identification of representative:  consent  object  Name of party and identification of representative:  consent  object  Name of party and identification of representative:  consent  object |
| **Reasons**  testimony will be given (number of witnesses, subject of testimony, its duration, whether an interpreter will be present)  anticipated duration of hearing  impossibility or hardship for a party or witness to attend the hearing in person  difficulties for the parties of using the planned technological means  availability of the appropriate technology to the parties or a witness  other |
| Provide details of the reasons (required)    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Section 4: Signature** | |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:** **\_\_\_\_\_\_\_** |

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| Please fill out the form by hand or on screen, sign it, and submit it to the [office of the Tribunal](https://www.tat.gouv.qc.ca/menu-utilitaire/nous-joindre) where your record is being processed in one of the following ways: through our online services, by email, by fax, by mail, or in person. |