



*SUPERIOR COURT OF QUÉBEC*

May 3, 2016

DISTRICT OF JOLIETTE

**NOTICE**

**APPOINTMENT OF COUNSEL  
FOR A CHILD**

**TAKE NOTICE** that, on presentation of an application to appoint counsel for a child, the form attached to this notice must be completed and returned to the child's counsel.

The Honourable Claude Auclair J.S.C.  
Coordinating judge of the Superior Court for the District of Joliette

Encl.

**FORM TO BE COMPLETED WHEN APPOINTING  
COUNSEL FOR A CHILD**

Child's name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Lives with: mother  father  shared custody

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Date of birth: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Lives with: mother  father  shared custody

**MOTHER'S NAME:** \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Mother's address: \_\_\_\_\_

**Check this box if the address must remain confidential**  
Telephone: home: \_\_\_\_\_ work: \_\_\_\_\_  
Mother's email address: \_\_\_\_\_  
Gross annual income: \_\_\_\_\_ Employer: \_\_\_\_\_  
In the case of a legal aid mandate:  
Mandate No.: \_\_\_\_\_ Issuing office: \_\_\_\_\_

**Contact information of counsel for the mother:**  
Name and law firm: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Counsel's email address: \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Father's address: \_\_\_\_\_

**Check this box if the address must remain confidential**  
Telephone: home: \_\_\_\_\_ work: \_\_\_\_\_  
Father's email address: \_\_\_\_\_  
Gross annual income: \_\_\_\_\_ Employer: \_\_\_\_\_  
In the case of a legal aid mandate:  
Mandate No.: \_\_\_\_\_ Issuing office: \_\_\_\_\_

**Contact information of counsel for the father:**  
Name and law firm: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Counsel's email address: \_\_\_\_\_