**ONTARIO PHYSICIANS AND SURGEONS DISCIPLINE TRIBUNAL**

**Tribunal File No.:** Insert No.

College of Physicians and Surgeons of Ontario

**College**

- and -

Dr. [First name(s)] [Last name]

**Member**

NOTICE OF MOTION

Click or tap here to identify moving party. wil**l** make a motion to the Ontario Physicians and Surgeons Discipline Tribunal on Click or tap here to, if already scheduled, insert date and time; or if not already scheduled, insert “on a date to be set by the Tribunal”..

The motion is for:

* State the precise relief sought.

The grounds for the motion are:

* Click or tap here to state the grounds for the Motion.

The following documentary evidence will be used at the hearing of the motion:

1. List the affidavits and other documentary evidence to be relied on.
2.

**Date:** Click or tap to enter a date.

Click or tap here to enter Name, address, email and phone number of representative or party filing document.

**TO:**

Click or tap here to insert names of other participants and their representatives, if applicable.