

Schedule 2

CANADA
PROVINCE OF QUÉBEC
DISTRICT OF
Record No.:

Human Rights Tribunal

Office of the Court of Québec

	Plaintiff
v.	
	Defendant
and	
	Alleged victim
and	
	Complainant
and	
	Impleaded party

**CONTACT INFORMATION FORM
(Section 19 of the Regulation of the Human Rights Tribunal)**

Any person to whom the originating application is served must, **within 45 days of that service**, complete and file this contact information form at the office of the Court of Québec in the district where the application is filed, then send it to all the parties.

PERSONAL CONTACT INFORMATION, of the following party: _____

I am not represented by an attorney.

I consent to be notified by email any document or judgment by the Tribunal.

PLEASE NOTE THAT LEGAL PERSONS MUST BE REPRESENTED BY AN ATTORNEY.

Surname: _____ Given name: _____

Address: _____

Telephone: _____ Fax: _____

Cellular phone: _____ Email: _____

Date: _____ **Signature:** _____

CONTACT INFORMATION OF ATTORNEY

I represent the above-mentioned party: _____.

Name: _____ Law firm: _____

Address: _____

Telephone _____ Fax: _____

Email: _____ Permanent code: _____

Date: _____ **Signature:** _____