IAD file number:

Unique client identifier (UCI):

# Confirmation of hearing needs

## Appellant information

Appellant first name(s):

Appellant last name:

Hearing date (YYYY-MM-DD:

**Important**

Please complete this form and return it to the Immigration Appeal Division (IAD) and Minister's counsel as soon as possible.

## 1. Interpretation needs

The language of your hearing will be in .

The IAD provides interpreters. Please indicate if you require an interpreter for the hearing and the interpreter language and dialect, if any.

- ○ **I do not need** an interpreter.
- ○ **I need** an interpreter. Language(s) and dialect (if any):

## 2. Witnesses

A witness is any person, including you or a family member, that will testify at your hearing. You must provide the name and contact information of each witness. Use the list provided on page 2.

- ☐ I intend to call (insert number) **witness(es)**.
  I am enclosing my **list of my witnesses**.

- ☐ I intend to call (insert number) **expert witness(es)**.
  I have enclosed the report(s) signed by the expert witness(es) giving their qualifications and summary of the testimony they will give.

## 3. Disclosure of documents: reminder

If you have not already provided your documents, or you wish to provide more documents, you must do so at least 20 days before your hearing. If you do not provide your documents by this date, the member may decide not to accept your documents.

If you wish to communicate and send your documents by email, please refer to the Practice Notice. The letters you receive from the IAD will give you the addresses for sending documents to the office of the Minister's counsel and to the IAD office.

# List of witnesses

If you have more than two witnesses, make a copy of this page or obtain a blank copy on the Immigration and Refugee Board of Canada (IRB) website.

## Witness A (if you will testify, put your name in this first box)

Witness first name:

Witness last name:

Relationship to you:

Email:

Phone number:

**Interpreter needs**

Language:

Dialect:

Estimated duration of the testimony:

## Witness B (if you will testify, put your name in this first box)

Witness first name:

Witness last name:

Relationship to you:

Email:

Phone number:

**Interpreter needs**

Language:

Dialect:

Estimated duration of the testimony: