



Witness list

Instructions

The Immigration Appeal Division (IAD) and Minister's counsel must receive your list of witnesses **no later than 30 days** before the hearing.

Please list below the witnesses you want to testify at your hearing. If you have more than two witnesses, you may use another copy of this form.

Appellant first name:

Appellant last name:

IAD file number:

Unique client identifier (UCI):

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:

Statement on the purpose and substance of testimony

In a sentence or two, explain what the witness will say to support your case.



Witness B

Witness first name:

Witness last name:

Relationship to you:

Email:

Phone number:

Interpreter needs

Language:

Dialect:

Estimated duration
of the testimony:

Statement on the purpose and substance of testimony

In a sentence or two, explain what the witness will say to support your case.