



IAD File No.: _____

UCI: _____

Confirmation of Hearing Needs

Appellant's name: _____

Hearing date: _____

Important

Please complete this form and return it to the Immigration Appeal Division (IAD) and Minister's Counsel as soon as possible, but **no later than 20 days before your hearing**.

1. Interpretation needs

- I **do not** need an interpreter.
- I need an **interpreter** for myself / for my witness(es).

Language(s) and dialect (if any): _____

2. Witnesses

- I intend to call (insert number) _____ **witness(es)**. I am enclosing a **list of my witnesses** (not including my expert witnesses) on the attached tables on page 2. (Include yourself on the list if you will testify on your own behalf and add extra tables if necessary.)
- 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.

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.

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List of Witnesses

Witness A

Name:	Estimated duration of the testimony:
Relationship:	Interpreter requirements (language and dialect):
Method of appearance: Please indicate how the witness will testify: <input type="checkbox"/> In person <input type="checkbox"/> By videoconference* <input type="checkbox"/> By telephone (please provide the phone number(s) for the witness) Direct phone no.: _____ Alternate phone no.: _____ *Any witness appearing by videoconference must also be available by phone at the time of the hearing.	Indicate the videoconference application* and username if the witness is not in person: <input type="checkbox"/> Skype <input type="checkbox"/> ooVoo <input type="checkbox"/> Google Hangouts <input type="checkbox"/> Vidyo <input type="checkbox"/> WebEx <input type="checkbox"/> Other: _____ Username: _____ *Apple applications such as FaceTime are not supported at this time.

Witness B

Name:	Estimated duration of the testimony:
Relationship:	Interpreter requirements (language and dialect):
Method of appearance: Please indicate how the witness will testify: <input type="checkbox"/> In person <input type="checkbox"/> By videoconference* <input type="checkbox"/> By telephone (please provide the phone number(s) for the witness) Direct phone no.: _____ Alternate phone no.: _____ *Any witness appearing by videoconference must also be available by phone at the time of the hearing.	Indicate the videoconference application* and username if the witness is not in person: <input type="checkbox"/> Skype <input type="checkbox"/> ooVoo <input type="checkbox"/> Google Hangouts <input type="checkbox"/> Vidyo <input type="checkbox"/> WebEx <input type="checkbox"/> Other: _____ Username: _____ *Apple applications such as FaceTime are not supported at this time.