



Immigration and
Refugee Board of Canada
**Immigration Appeal
Division**

Commission de l'immigration
et du statut de réfugié du Canada
**Section d'appel
de l'immigration**

| | |
|---|-----------------------------|
| Client ID no: | Date of birth: (yyyy/mm/dd) |
| This area to be completed by IAD | |
| IAD File No: | |

Notice of Appeal - Removal Order Appeal

Section 63(2) or 63(3) of the *Immigration and Refugee Protection Act*

TIME LIMIT: If you received your removal order at an admissibility hearing, you may provide this Notice of Appeal by hand to the Immigration Division member **at the end of your hearing**.

If you did not do this at the end of your hearing, or if your removal order was not made at a hearing but was made at an examination by an officer of the Minister, then you must provide to the Immigration Appeal Division (IAD) this Notice of Appeal and a copy of the removal order. The IAD Registry Office must **receive** these documents no later than **THIRTY (30) DAYS** after you received the removal order from the Immigration Division member or from the officer.

TO BE COMPLETED BY THE APPELLANT:

| | | | |
|---|-------------|------------------------|-------------------|
| I, | | | (appellant) |
| | Family name | First and middle names | |
| appeal a removal order made against me at | | on | |
| | City | | Date (yyyy/mm/dd) |

This appeal also applies to the following persons who are included in this removal order:

| Family name | First name and middle names | Relationship to me | Date of birth (yyyy/mm/dd) |
|-------------|-----------------------------|--------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Check the appropriate box:

| |
|--|
| I choose the language of my appeal to be: <input type="checkbox"/> English <input type="checkbox"/> French I need an interpreter at the proceeding: _____ <div style="text-align: right; font-size: small;">Language or dialect, if applicable</div> |
|--|

My address is:

| | | | | |
|---|---|-----------------------------------|-----------------------------------|-------------|
| Address, number and street | Apt. # | City | Province | Postal code |
| Home telephone () Area code | Work telephone () Area code | Home Fax () Area code | Work Fax () Area code | |

| |
|--|
| If you are not living at the above address because you are serving a term of imprisonment, state where you are imprisoned: _____ and the earliest date when it is possible for you to be released: _____ <div style="text-align: right; font-size: small;">Where Date (yyyy/mm/dd)</div> |
|--|

| For IAD office use only |
|-------------------------|
| IAD File No: _____ |

COUNSEL:

You have the right to be represented by counsel, at your own expense. If you choose to retain counsel who charges a fee or other consideration, the counsel must be a member in good standing of either a provincial law society (including a lawyer or paralegal), the Chambre des notaires du Québec, or the Immigration Consultants of Canada Regulatory Council (ICCRC). If you have retained counsel, please complete the section below. If you will be retaining counsel later, you must provide to the IAD, in writing and without delay, the contact information for your counsel (name, address, telephone and fax numbers, any e-mail address, their membership identification number and the name of their organization).

Is your counsel receiving a fee or other consideration to represent you in this appeal? Yes No

I authorize the following person to be my counsel:

| | | | | | |
|---|--|------------------------------------|------|-------------------------|-------------|
| Given Name and Surname (Mr., Mrs., Ms., Miss, Me) | | Occupation | | Organization or Company | |
| Number and Street | | Apt. # | City | Province | Postal Code |
| Telephone Number () Area code | | Fax Number () Area code | | Electronic Mail Address | |

Check one

| |
|--|
| <input type="checkbox"/> Lawyer / Paralegal / Notary: _____ Province _____ |
| <input type="checkbox"/> Immigration Consultants of Canada Regulatory Council (ICCRC) Membership Identification Number: _____ |

IMPORTANT: You must notify the Immigration Appeal Division (IAD), in writing and without delay, if the contact information for you or your counsel changes.

Please direct all communication to the IAD Registry Office that serves the province or territory where you are residing (see attached instructions for addresses).

**Immigration and Refugee Board
Immigration Appeal Division**
300 West Georgia Street, 16th Floor, Vancouver, British Columbia V6B 6C9
Telephone: (604) 666-5946 or 1-866-787-7472 Fax: (604) 666-3043

| For Office Use Only |
|---------------------|
| Received on: _____ |

IMPORTANT: If you fail to appear for a hearing, or fail to communicate with the IAD when requested, or fail to provide information required by the IAD (such as your most recent address), the IAD may declare your appeal abandoned in accordance with subsection 168(1) of the *Immigration and Refugee Protection Act* without any further notice to you. If your appeal is abandoned, this means that your appeal has ended.

I have attached a copy of the removal order, which I received on: _____
(not necessary if you are providing this notice of appeal at the end of your admissibility hearing) Date (yyyy/mm/dd)

_____ signed at _____ on _____
Appellant's signature City Date (yyyy/mm/dd)