



IAD File No: _____

Client ID No: _____

Date of Birth: _____
Day Month Year

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) (day) (month) (year)

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 (D-M-Y)
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

Check the appropriate box:

I choose the language of my appeal to be: English French

I need an interpreter at the proceeding (language, including any dialect, if applicable): _____.

MY ADDRESS IS:

Number and Street Apt. # City Province Postal Code

Telephone Number (Home): (____) _____ (Work): (____) _____
Area Code Area Code

Fax Number (Home): (____) _____ (Work): (____) _____
Area Code 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: _____.

COUNSEL:

You have the right to be represented by counsel, at your own expense. If you choose to retain counsel who charges a fee, the counsel must be a member in good standing of either a provincial law society, the Chambre des notaires du Québec, or the Canadian Society of Immigration Consultants. You must provide their membership identification number and the name of the organization below. 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 the organization).

Is your counsel being paid a fee to represent you in this appeal? NO YES

I AUTHORIZE THE FOLLOWING PERSON TO BE MY COUNSEL:

Name: _____ Occupation: _____
(Mr. Mrs. Ms. Miss)

Law Firm or Company: _____

Number and Street Apt. # City Province Postal Code

Telephone Number : (_____) Fax Number : (_____)
Area Code Area Code

Electronic Mail Address: _____ Membership number: _____

(check one)

Canadian Society of Immigration Consultants OR Lawyer / Notaire (*Province*): _____

IMPORTANT: CHANGE IN CONTACT INFORMATION FOR YOU OR YOUR COUNSEL:

You must notify the 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
Guy-Favreau Complex
200 René Lévesque Blvd West
Montréal, Québec
H2Z 1X4

Telephone No.: (514) 283-7733
Fax No.: (514) 283-0164

FOR OFFICE USE ONLY

RECEIVED ON:

IMPORTANT - Under section 168(1) of the *Immigration and Refugee Protection Act*, 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 determine that you have abandoned your appeal.

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) (day) (month) (year)

Appellant's Signature

Signed at _____ on _____
(city) (day) (month) (year)