

IAP File Number:	Claimant's Name:	Priority:	Harm:
Counsel File Number:	Counsel's Name:	Track:	Loss:

**Request for Hearing
in the Independent Assessment Process (IAP)**

I am writing on behalf of my client _____ to request a hearing for file _____.

I confirm that I have submitted all mandatory documents that I intend to/am able to submit in support of the harm and loss levels being claimed in this file, as required by Schedule D of the Indian Residential School Settlement Agreement. Please see the Mandatory Document Checklist, attached.

Please provide a list of all documents included in this package for verification purposes.
The Mandatory Document Checklist can now be filled in PDF at:
www.iap-pei.ca

Claimant Preferences

My client's preference for Adjudicator Gender:

- Male Female No Preference

My client agrees to a representative from the Church attending his/her hearing

- Yes No No Preference

My client would like a Health Support Worker to attend his/her hearing:

- Yes No No Preference

If yes, my client prefers:

- Male Female No Preference

My client requires an interpreter:

- Yes No

Tribal Language: _____

Dialect: _____

My client presently lives at: _____ (City, town, community), _____ (Province / Territory)

My client would like their hearing to be held in the following city/town: _____

If you are requesting a hearing in a province/territory other than the claimant's province/territory of residence, please provide a justification. Such requests require approval of a Deputy Chief Adjudicator. _____

For claims transferred from Alternative Dispute Resolution (ADR):

Your client has the right to add to the ADR application. If you wish to change the levels of Harm and Loss of Opportunity claimed on the ADR application form, please provide the amended levels below.

Harm Level - _____

Loss of Opportunity Level - _____

My client confirms the Harm and Loss of Opportunity levels will remain as claimed on their ADR application form.

I confirm that I have recently reviewed these preferences with my client to confirm the accuracy of its contents.

Legal Counsel Signature: _____ Date: _____

Where to send your document package

Please submit any documents as soon as you receive them, along with this 'Request for Hearing' Form, by EDI or by mail to:

Indian Residential Schools Adjudication Secretariat - IAP

PO Box 1575 - Station "B"

Ottawa ON K1P 0A9

For EDI account assistance please contact the Crawford Help Desk at edihelp@crowco.ca.

How to request a negotiated settlement (NSP)

If you are interested in NSP and would like to determine if your claim is suitable, contact Canada at one of the addresses below:

NSP_Team@inac-ainc.gc.ca (Western School Claims-AB/BC/NT/YT/NU) **OR**

NSP.ATL@inac-ainc.gc.ca ; NSP.ON@inac-ainc.gc.ca ; NSP.QC@inac-ainc.gc.ca ;

NSP.MAN@inac-ainc.gc.ca ; NSP.SASK@inac-ainc.gc.ca