



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**

UCI :	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: English French I need an interpreter at the proceeding: _____
Language or dialect, if applicable

My contact information is:

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

I authorize the Immigration and Refugee Board (IRB) and Canada Border Services Agency (CBSA) to correspond with me by email for the purposes of this appeal using the email address below. I understand the IRB and CBSA cannot guarantee the security of email messages I send to them or I receive from them.

Email Address: _____

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:** _____
Where
Date (yyyy/mm/dd)

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 College of Immigration and Citizenship Consultants (CICC). 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 (to be completed by your counsel):

Given Name and Surname (Mr., Mrs., Ms., Me)		Occupation		Organization or Company	
Number and Street		Apt. #	City	Province	Postal Code
Telephone Number () Area code			Fax Number () Area code		
I authorize the Immigration and Refugee Board (IRB) and Canada Border Services Agency (CBSA) to correspond with me by email for the purposes of this appeal using the email address below. I understand the IRB and CBSA cannot guarantee the security of email messages I send to them or I receive from them.					
Email Address: _____					
Membership Identification No.: _____			Lawyer / Paralegal / Notary: _____ Province _____ College of Immigration and Citizenship Consultants (CICC)		

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**

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Telephone: (514) 283-7733 Fax: (514) 283-0164 Email: IRB.IAD-E-SAI.CISR@IRB-CISR.GC.CA

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)