



For office use only
Received on:

## Notice of Appeal from a Refugee Protection Division Decision

Subsection 110(1) of the *Immigration and Refugee Protection Act*

**TIME LIMIT:** Provide the Refugee Appeal Division (RAD) one copy of this notice of appeal no later than 15 days after you receive the written reasons for the Refugee Protection Division (RPD) decision.

The RAD is temporarily not requiring signatures on documents and RAD forms submitted in support of an appeal in order to expand the use of electronic communication with the RAD and promote physical distancing.

I am / We are appealing an RPD decision:

\_\_\_\_\_ Date of the notice of decision (yyyy/mm/dd)

\_\_\_\_\_ Date RPD reasons received (yyyy/mm/dd)

*Use additional sheets of paper the same size as this form if needed.*

Appellant	RPD file no.	Signature of appellant/ designated representative	Language chosen for appeal	Representative designated by RPD	RAD file no. (for office use)
_____			<input type="checkbox"/> English  <input type="checkbox"/> French	<input type="checkbox"/> None  <input type="checkbox"/> Yes. Provide information on page 2.	
Last name, middle name, first name					
Date of birth	<b>Client ID no.</b>	<b>Date signed (yyyy/mm/dd)</b>			
_____					
Country of nationality/Country of citizenship					
_____			<input type="checkbox"/> English  <input type="checkbox"/> French	<input type="checkbox"/> None  <input type="checkbox"/> Yes. Provide information on page 2.	
Last name, middle name, first name					
Date of birth	<b>Client ID no.</b>	<b>Date signed (yyyy/mm/dd)</b>			
_____					
Country of nationality/Country of citizenship					
_____			<input type="checkbox"/> English  <input type="checkbox"/> French	<input type="checkbox"/> None  <input type="checkbox"/> Yes. Provide information on page 2.	
Last name, middle name, first name					
Date of birth	<b>Client ID no.</b>	<b>Date signed (yyyy/mm/dd)</b>			
_____					
Country of nationality/Country of citizenship					
_____			<input type="checkbox"/> English  <input type="checkbox"/> French	<input type="checkbox"/> None  <input type="checkbox"/> Yes. Provide information on page 2.	
Last name, middle name, first name					
Date of birth	<b>Client ID no.</b>	<b>Date signed (yyyy/mm/dd)</b>			
_____					
Country of nationality/Country of citizenship					

_____			<input type="checkbox"/> English <input type="checkbox"/> French	<input type="checkbox"/> None <input type="checkbox"/> Yes. Provide information on page 2.	
_____	<b>Client ID no.</b>	<b>Date signed (yyyy/mm/dd)</b>			
_____					
_____			<input type="checkbox"/> English <input type="checkbox"/> French	<input type="checkbox"/> None <input type="checkbox"/> Yes. Provide information on page 2.	
_____	<b>Client ID no.</b>	<b>Date signed (yyyy/mm/dd)</b>			
_____					

<b>Address of appellant</b>					
_____		_____	_____	_____	_____
No. and street		Apt. no.	City	Province	Postal code
( ) Area code	_____	( ) Area code	_____	( ) Area code	_____
Cell phone	Alternate telephone	Home fax	Email address		

<b>Counsel contact information</b>					
_____		_____			
Name (Mr./Ms)		Law firm or company			
_____		_____	_____	_____	_____
No. and street		Apt. no.	City	Province	Postal code
( ) Area code	_____	( ) Area code	_____	_____	_____
Telephone no.	Fax no.	Electronic mail address		Membership no.	
<input type="checkbox"/> Lawyer / Paralegal / Notary : _____ <div style="text-align: right;">Province</div> <input type="checkbox"/> College of Immigration Consultants (CICC)					
<input type="checkbox"/> Family member or other person helping with this appeal: (Please complete the <i>Notice of representation without a fee or other consideration</i> and provide it to the RAD with these documents.)					
Limitation on retainer: _____					
Note: The <i>Immigration and Refugee Protection Act</i> makes it an offence for any person not authorized under the Act to knowingly, directly or indirectly, represent or advise a person for consideration – or offer to do so – in connection with a proceeding under this Act. (Consideration includes money, or any other form of compensation or reward.)					
<b>I have been retained to represent the appellant(s) named above for their appeal before the RAD.</b>					
_____			_____		
Signature of counsel			Date (yyyy/mm/dd)		

**Designated representative information**  
(if one was designated by RPD)

Name (Mr./Ms)		Relationship (if applicable)		Organization or company (if applicable)	
No. and street		Apt. no.	City	Province	Postal code
( ) Area code Telephone no.	( ) Area code Fax no.	Electronic mail address			

**Interpreter's declaration**

I, (print full name clearly) \_\_\_\_\_, hereby declare that I have accurately interpreted the entire content of this form to the appellant(s) from the English to the \_\_\_\_\_ language (state dialect if applicable). I am proficient in both these languages (and dialect, if any) and was able to communicate fully with the appellant(s). The appellant(s) indicated that he/she/they fully understand(s) the entire content of this form as interpreted by me.

\_\_\_\_\_  
Signature of interpreter

\_\_\_\_\_  
Date (yyyy/mm/dd)