



RPD file number:

Claimant's name:

Date of Birth:

Intention to Proceed Claimant's Reply Form

To be completed by the claimant

I, _____, confirm that I intend to proceed with my refugee claim and understand that the IRB will schedule my claim for hearing when they receive my completed Intention to Proceed form.

Signature

Date (dd/mm/yy)

Current contact information

My current address is		
Number and street		Apartment number
City	Province	Postal code
Telephone number		Effective address date

Representation by Counsel

If you do not have counsel, are you planning on retaining counsel? Yes No

Confirmation of Counsel

My counsel is		
Name of counsel		Firm
Address		
Number and street		Suite/unit number
City	Province	Postal code
Contact information		
Telephone number	Fax number	Email