

<b>IAP File Number:</b>	<b>Claimant's Name:</b>	<b>Priority:</b>	<b>Harm:</b>
<b>Counsel File Number:</b>	<b>Counsel's Name:</b>	<b>Track:</b>	<b>Loss:</b>

**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](http://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 would like their hearing to be held in the following city/town: \_\_\_\_\_

**For claims transferred from Alternative Dispute Resolution (ADR):**

Your client has the right to add to their ADR application. If you wish to change the levels of Harm and Loss of Opportunity claimed on their 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.

Legal Counsel Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Where to send your document package**

Once all documents are collected, please submit the entire package, with the 'Request for Hearing' form to:

Indian Residential Schools Adjudication Secretariat - IAP

PO Box 1575 - Station "B"

Ottawa ON K1P 0A9

Or by e-mail to: [IAPS.DocumentManagement@irsad-sapi.gc.ca](mailto:IAPS.DocumentManagement@irsad-sapi.gc.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](mailto:NSP_Team@inac-ainc.gc.ca) (Western School Claims-AB/BC/NT/YT/NU) **OR**

[NSP\\_ON\\_ATL@aandc-aadnc.gc.ca](mailto:NSP_ON_ATL@aandc-aadnc.gc.ca); [NSP.QC@inac-ainc.gc.ca](mailto:NSP.QC@inac-ainc.gc.ca) ; \_\_\_\_\_

[NSP.MAN@inac-ainc.gc.ca](mailto:NSP.MAN@inac-ainc.gc.ca) ; [NSP.SASK@inac-ainc.gc.ca](mailto:NSP.SASK@inac-ainc.gc.ca)