

Request for Expedited or High Priority Hearing

Date: _____ Claimant IAP Number: E-5442-10-_____

Claimant Name: _____

This form may only be completed and signed by claimant's attending physician.

The Indian Residential Schools Adjudication Secretariat can prioritize the scheduling of hearings under the following circumstances based on item iv of Appendix IV and Appendix XI of Schedule D of the Indian Residential Schools Settlement Agreement:

Expedited Hearings are offered to claimants whose health places them at significant risk of dying or otherwise losing the capacity to provide testimony should there be any delay in hearing their testimony. In these circumstances of urgent need, the Secretariat may schedule an immediate hearing in order to record such testimony.

High Priority Hearings are offered to claimants whose failing health places them at some risk of dying or otherwise losing the capacity to provide testimony should there be delays in hearing their testimony. These claimants receive priority in hearing date scheduling.

Please indicate which priority status you are recommending. Note that Independent Assessment Process (IAP) applicants who are 60 years of age and older already receive priority scheduling for hearing:

EXPEDITED: *By checking this*, I attest that the claimant has an **urgent need** for a hearing because there is **significant risk** the claimant may die or lose the capacity to provide testimony if there is any delay in providing testimony *or*

HIGH PRIORITY: *By checking this*, I attest that the claimant has a **heightened need** for a hearing because there is **some risk** the claimant could be unable to provide testimony without receiving a scheduled hearing date in priority to that available to other claimants *or*

STANDARD PRIORITY: *By checking this*, I attest that, at this time, the claimant is in stable health and does not appear to require a hearing in priority over that available to other claimants.

Physician's certification: I hereby certify that the present medical condition(s) of this claimant requires a hearing at the priority level indicated above.

Date: _____ Physician's signature: _____

Physician name and contact information: _____

Note: To support clarity and consistency this form, issued January 2012, replaces previous forms used to request expedited or high priority hearings.