



Witness list

Instructions

The Immigration Appeal Division (IAD) and Minister's counsel must receive your list of witnesses **no later than 30 days** before the hearing.

Please list below the witnesses you want to testify at your hearing. If you have more than two witnesses, you may use another copy of this form.

Appellant name: _____

IAD file number: _____ Unique client identifier (UCI): _____

Witness A (if you will testify, put your name in this first box)

Witness name:

Relationship to you:

Email:

Phone number:

Interpreter needs:

Estimated duration of the testimony:

_____ Language

_____ Dialect

Statement on the purpose and substance of testimony

In a sentence or two, explain what the witness will say to support your case.

Witness B

Witness name:

Relationship to you:

Email:

Phone number:

Interpreter needs:

Estimated duration of the testimony:

_____ Language

_____ Dialect

Statement on the purpose and substance of testimony

In a sentence or two, explain what the witness will say to support your case.