



**RPD File:** \_\_\_\_\_

**UCI:** \_\_\_\_\_

## APPLICATION TO CHANGE THE LOCATION OF A PROCEEDING

If you have moved or intend to move and want the Refugee Protection Division (RPD) to move your proceeding to an office in another city in Canada, please complete this application and provide it to the RPD office processing your claim. **The RPD must receive this application no later than 20 days before the proceeding.** If you wish to present evidence to support your application, this evidence must accompany your application.

If the Minister is a party to your proceeding, you must provide them with a copy of your application. The Minister is a party to your proceeding if, for example, they have intervened in your refugee protection claim or made an application to cease or vacate your refugee status. Your application must include a statement indicating how and when the copy was provided to the Minister. The application must also include the views of the Minister, if known.

The RPD will make a decision on this application to change the location of your proceeding. Not all applications are allowed. The RPD will consider many factors in making a decision on this application. For more information on these factors, see rule 53 of the *Refugee Protection Division Rules*: <http://www.laws-lois.justice.gc.ca/eng/regulations/SOR-2012-256/page-7.html#h-33>.

I, \_\_\_\_\_, apply to have my hearing transferred from  
(Name – Please print name)

\_\_\_\_\_ to \_\_\_\_\_  
(City) (City)

The following are the reasons for my application (use additional paper if more space is required):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MY CURRENT CONTACT INFORMATION IS:**

Street number and name: \_\_\_\_\_

\_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_  
(Signature) (Date)

**MY COUNSEL'S CONTACT INFORMATION IS:**

Lawyer/notary or member of the College of  
Immigration and Citizenship Consultants:

\_\_\_\_\_

Street number and name: \_\_\_\_\_

\_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_