



## Application to change the date or time of a proceeding

Use this form to request a change of date or time (a postponement) of a proceeding at the Refugee Protection Division (RPD). For more information about how the RPD approaches requests to change the date or time of a proceeding, consult [Chairperson Guideline 6: Scheduling and Changing the Date or Time of a Proceeding](#).

### Important information

- You must make your application as soon as you know you want your proceeding to be postponed.
- When deciding these applications, members consider if the party has acted diligently, such as making an application in a timely manner **without delay**.
- If your application is granted, the RPD Registry will contact you or your counsel (if applicable) to reschedule the proceeding. If your application is refused, you must come to the proceeding and be prepared to proceed.
- If you do not receive a response from the RPD before the date scheduled for your proceeding (for example, if you sent your request close to the scheduled date), you must appear at your proceeding. In this case, the member will decide whether to grant or refuse your application at the start of the proceeding.

### Tell us who is submitting this application

#### Who is making this application?

Claimant / protected person      Minister

Provide the first and last names of all claimants or protected persons who are subject to this proceeding and their RPD or UCI file numbers. If there are more than five (5) individuals, please attach an additional page with the remaining names and RPD or UCI file numbers.

Name: _____	RPD or UCI file number: _____
Name: _____	RPD or UCI file number: _____
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Name: _____	RPD or UCI file number: _____



Contact the RPD Registry if you do not have the RPD or UCI file numbers. To find the RPD Registry telephone number for your region, consult <https://irb.gc.ca/en/contact/Pages/contact3.aspx>.

Name of counsel: \_\_\_\_\_

I have no one to represent me (lawyer, consultant, other)

Date of scheduled proceeding (yyyy-mm-dd): \_\_\_\_\_

**Provide your reasons for making this request**

**Use the sections below to provide the reasons** why you cannot proceed on the scheduled date, including when you became aware of the reason for seeking the change of date or time and when you will be ready to proceed.

Please indicate the reason why you need a postponement by checking the appropriate box, and then provide an explanation in the space given below (check all that apply)

**Medical reason**

Explain how your medical condition prevents you from proceeding on the scheduled date.

**Need to hire counsel**

Explain what efforts you made to find a counsel.

**Counsel only recently hired**

Explain why you only recently hired counsel and why they cannot proceed on the scheduled date.

**Need more time to prepare (for example, to obtain documents)**

Explain what efforts you made to be ready and, if applicable, what documents you are waiting for.

**Vulnerability**

Explain your vulnerability and why it prevents you from proceeding on the scheduled date.

**Other**

Explain these other reasons (in the box below).

Use this space to tell us why you cannot proceed on the scheduled date. You may also attach additional pages or documents to support your reasons, but it is not required. If you are attaching documents, you should explain why they are attached.



## Submit your form

You can submit this form to the RPD as follows:

- Via email [irb.RPDapplications-DemandesSPR.cisr@irb-cisr.gc.ca](mailto:irb.RPDapplications-DemandesSPR.cisr@irb-cisr.gc.ca) (preferred, for individuals without counsel only)
- Via My Case Portal (preferred, available to counsel only)
- Via in-person, fax or mail to the RPD Registry
  - To find the RPD Registry for your region, consult <https://irb.gc.ca/en/contact/Pages/contact3.aspx>.

### To be filled out by the claimant or protected person (if applicable):

1. Is the Minister a party? They are a party if you have received a Notice of Intention to Intervene (refugee claims only) or if the Minister made an application to cease or vacate. Yes No
2. If yes, you must send this form to the Minister as well. Tell us how you sent a copy of this form to the Minister (fax, mail, etc.) \_\_\_\_\_

### To be filled out by the Minister (if applicable):

Indicate how you sent a copy of this form to the claimant/protected person or counsel (email, fax, etc.).

\_\_\_\_\_

This form was completed by: \_\_\_\_\_ on: \_\_\_\_\_  
(print name of claimant/protected person or counsel) date (yyyy-mm-dd)