

Commission de l'immigration et du statut de réfugié du Canada Section d'appel des réfugiés

For office use					
Received on:					

Application for an Extension of Time to Respond to an Appeal

Rules 12(4) and 37 of the Refugee Appeal Division Rules

Refugee	Protection	Division	decision:

Date of the notice of decision (year/month/day)

Date Refugee Protection Division reasons received (year/month/day)

Important: Provide any evidence in support of this application in an original affidavit or statutory declaration.

Respondent information

Respondent - LAST NAME, first name, middle name(s)	Respondent - date of birth (year/month/ day)	Respondent - country of nationality/ country of citizenship	Refugee Protection Division file number	Unique client identifier	Signature of respondent/ designated representative and date signed (year/month/day)	Language chosen for appeal	Representative designated by Refugee Protection Division	Refugee Appeal Division file number (for office use)
						○ English ○ French	None Yes. Provide information on page 3.	
						○ English ○ French	None Yes. Provide information on page 3.	
						○ English ○ French	None Yes. Provide information on page 3.	
						English French	None Yes. Provide information on page 3.	



Refugee Appeal Division file no.	Unique client identifier			

Pursuant to rule 37(3) of the Refugee Appeal Division Rules, it is important that:

- a) you provide the decision you want the Refugee Appeal Division to make;
- b) you provide the reasons why the Refugee Appeal Division should make that decision; and
- c) if there is another party and the views of that party are known, you state below whether the other party agrees to the application.

You may attach additional sheets of paper the same size as this form if needed.

Address of respondent								
Number and street Apartment		City			Province	Postal code		
Home telephone	Work te	elephone	Home fax			Work fax		
Counsel contact information								
Name (Mr./Ms)			Law firm or company					
Number and street	er and street Apartment City			Province	Postal code			
Telephone number	Fax num	ber		Electronic mail address Membership number			ıber	
C Lawyer / Paralegal / Notary:	Select p	rovince or territory	1					
College of Immigration and Citizens	ship Cons	ultants						
Family member or other person helping with this appeal: (Please complete the <i>Notice of representation without a fee or other consideration</i> and provide it to the Refugee Appeal Division with these documents.)								
Limitation on retainer:								
Note: The <i>Immigration and Refugee Protection Act</i> makes it an offence for any person not authorized under the Act to knowingly, directly or indirectly, represent or advise a person for consideration—or offer to do so—in connection with a proceeding under this Act. (Consideration includes money, or any other form of compensation or reward.)								
I have been retained to represent the re	spondent	(s) named above f	or the appea	al before the Refug	ee Appeal Division.			
Signature of cou	nsel			Date (year/mo	nth/day)			
Designated representative info	mation	(if one was des	ignated by	the Refugee Pr	otection Division)			
Name (Mr./Ms) Relationship (if		Relationship (if a	applicable)		Organi	Organization or company (if applicable)		
Number and street Apartment		City		Provin	ce	Postal code		
Telephone number	Fax number			Electronic mail address				
Interpreter's declaration								
I, (print full name clearly) , hereby declare that I have accurately interpreted the entire								
content of this form to the respondent(s) from the English to the language								
(state dialect if applicable). I am proficie	nt in both	these languages	(and dialect,	if any) and was abl	e to communicate ful	ly with the responde	ent(s).	
The respondent(s) indicated that he/she/they fully understand(s) the entire content of this form as interpreted by me.								
Signature of interp	oreter			Date (year/mo	nth/day)			

Refugee Appeal Division file no.

Unique client identifier