

Logistics Request Form for Hearings in the Independent Assessment Process (IAP)

IAP File Number: _____ Date this form was completed: _____

Claimant's name (as it appears on their Government Issued I.D.): _____

Claimant's current mailing address: _____

<p>Venue Location : What is the Claimant's preferred venue for this hearing? If a specific venue/location is preferred, be sure to note it here. If no preference is listed, Hearings Management may not approve requests to change a venue once booked. (If the hearing is to be held at a Claimant's residence due to exceptional circumstances, please provide specific and detailed directions/address).</p>	<p>City/Community: _____ Preferred venue: _____ Justification: _____ (If you do not indicate a preferred venue, changes based on preference may not be made once the notice of hearing has been sent)</p>
<p>Pre-Hearing Meeting between Legal Counsel and Claimant: Is a pre-hearing meeting scheduled? Yes No <input type="checkbox"/> <input type="checkbox"/> Hearings Management will endeavor to book travel plans that accommodate a request for Legal counsel to meet with Claimants on the afternoon prior to the hearing date, when the request is made via this form at least 8 weeks prior to the hearing date. If Legal counsel plans to meet with the Claimant on the afternoon prior to the hearing date, you must indicate the time of the scheduled appointment here.</p>	<p>(note: IRSAS is not responsible to arrange, pre-pay or reimburse for pre-hearing meeting space; this is the responsibility of legal counsel, should they wish a pre-hearing meeting to occur.)</p> <hr/> <p>Date of hearing: _____ Date/Time of pre-hearing meeting: _____ Location of pre-hearing meeting: _____</p>
<p>Legal Counsel Attending IAP Hearing: Please enter the name of Legal Counsel who will be attending the hearing. (This information is required to complete necessary travel and expense authorizations.) Is this one of a series (block) of hearings in the same week and location for this legal counsel? Yes No <input type="checkbox"/> <input type="checkbox"/></p>	<p>Legal Counsel Name: _____ Legal Counsel Address: _____ Legal Counsel Mode of Travel: _____ Departure Point: _____ Travel dates: _____</p>

<p>Church Participation: As a party to the process, the church involved in this claim has a right to participate in the hearing. Where the church chooses not to participate, they may still wish to attend the hearing to witness the evidence and/or provide pastoral support.</p>	<p><input type="checkbox"/> The Claimant would prefer that a church representative not be present at this hearing. <input type="checkbox"/> The Claimant does not object to a church representative attending this hearing.</p>
<p>Resolution Health Support Worker (RHSW): Does the Claimant wish to have an RHSW attend the hearing? Yes No <input type="checkbox"/> <input type="checkbox"/> The majority of RHSWs are Aboriginal and may attend the hearing to support the Claimant and provide information on available support programs.</p>	<p>Gender preference if requested: Male <input type="checkbox"/> Female <input type="checkbox"/> No preference <input type="checkbox"/> If requested, may the RHSW contact the claimant? (If yes provide contact info): Yes: <input type="checkbox"/> Contact # _____ No. <input type="checkbox"/></p>
<p>Interpreter: Yes No Is an interpreter required? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Claimant/Legal counsel will select <input type="checkbox"/> IRSAS to locate an interpreter Language: _____ Dialect/community/region: _____ If an interpreter is selected by Claimant or Legal Counsel, please provide the requested details in the area to the right. Note: Because of the nature of disclosure, the interpreter should not be a close family member of the claimant. If legal counsel/claimant do not know of a suitable Interpreter, IRSAS will attempt to locate one using a roster.</p>	<p>Name: _____ Address: _____ Mode of travel: _____ Accommodations required? _____ (please indicate if they will share a room with any of the other travelers) An honorarium of \$250.00 is reimbursable to the interpreter from our office after the hearing has taken place. This invoice will be sent to legal counsel prior to the hearing. * Please note: 'No Travel' if prepaid arrangements and travel reimbursement is not required.</p>
<p>Prayer/Ceremony: Yes No <input type="checkbox"/> <input type="checkbox"/> Does the Claimant wish to have a prayer or ceremony performed before or after the hearing? (Please be specific as to type of ceremony so an appropriate venue can be arranged)</p>	<p>Comments / type of prayer or ceremony: _____ _____ Who will perform? _____</p>
<p>Does the Claimant wish to have an Elder attend the Hearing? (check box at right) <input type="checkbox"/> Claimant does not request an Elder. <input type="checkbox"/> Claimant will select own Elder. If Elder is selected by Claimant provide details for Honorarium payment and travel reimbursement in the area to the right; or, <input type="checkbox"/> IRSAS please arrange for an elder. If IRSAS is to arrange for an Elder, please provide details below: Cultural background: _____ Dialect: (i.e. Swampy Cree) _____ Gender preference <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Name: _____ Mailing Address for reimbursement: _____ Departure Point: _____ Mode of Travel: _____ Accommodations: _____ Shared room with: _____ Elder travelling with: _____ * Please note: 'No Travel' if prepaid arrangements and travel reimbursement is not required.</p>

<p>What type of Oath Process does the Claimant prefer?</p>	<p><input type="checkbox"/> Standard Affirmation <input type="checkbox"/> Bible <input type="checkbox"/> Eagle Feather: Claimant or Legal must provide if Eagle Feather is chosen</p>						
<p align="center">TRAVEL ARRANGEMENTS</p> <p>Claimant: If travel is required, please note mode of travel, departure point, and state if parties will travel together or separately. <i>(see following page)</i></p> <p>Please indicate preferences for accommodations: smoking or non smoking rooms, one or two beds, separate rooms, etc.</p> <p>Note: Prepaid accommodation and transportation will be arranged whenever possible. Meal and travel expenses are reimbursed after the hearing. As per Treasury Board travel policy the Secretariat may be able to advance funds for the Claimant's mileage and meals if required.</p> <p>You must provide justification for the advance (ie: what expense does the claimant request the advance for?)</p> <p>REQUEST FOR ADVANCE MUST BE RECEIVED with this form AT LEAST EIGHT WEEKS PRIOR TO THE HEARING DATE.</p> <hr/> <p>By signing here, legal counsel accepts responsibility for these funds being advanced:</p> <p>Legal Counsel Signature: _____ Date: _____</p> <p align="center">* An advance will not be processed from our office unless this has been signed. *</p>	<p>* Please note 'No Travel' if prepaid arrangements and travel reimbursements are not required.</p> <p>Departure Point: _____</p> <p>Mode of Travel: _____</p> <p>Accommodations: _____</p> <p>Shared room with: _____</p> <p>Claimant travelling with: _____</p> <table border="0"> <tr> <td></td> <td align="center">Yes</td> <td align="center">No</td> </tr> <tr> <td>Advance Required?</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table> <p>Details: _____</p> <p>Address to mail cheque: (claimant or c/o legal counsel? – list full address to ensure accuracy): _____ _____ _____</p> <p align="center">* Advance amounts calculated to be less than \$100 will not be processed from our office. *</p>		Yes	No	Advance Required?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No					
Advance Required?	<input type="checkbox"/>	<input type="checkbox"/>					
<p>Support persons must be 18 years of age or older.</p> <p>Support People: Please provide the name and address for any support person(s) attending the hearing as well as their travel/accommodation needs. This information is required for making travel arrangements and authorization of travel expenses.</p> <p>If travel is required, please ensure all areas are filled in completely, and state if parties will travel together or separately.</p>	<p>If any travelers do not require prepaid arrangements or reimbursement of costs, please simply list their name and note; 'No travel'</p> <p>Details for Support Person 1:</p> <p>Name: _____ Mailing Address for reimbursement: _____</p> <p>Departure Point: _____ Mode of Travel: _____ Accommodations: _____ Shared room with: _____ Support 1 travelling with: _____</p>						

<p>Support People (continued): Please provide the name and address for any support person(s) attending the hearing as well as their travel/accommodation needs. This information is required for making travel arrangements and authorization of travel expenses.</p> <p>If travel is required, please ensure all areas are filled in completely, and state if parties will travel together or separately.</p>	<p>Details for Support Person 2:</p> <p>Name: _____ Mailing Address for reimbursement: _____</p> <p>Departure Point: _____ Mode of Travel: _____ Accommodations: _____ Shared room with: _____ Support 1 travelling with: _____</p>		
<p>Witnesses: Please fill in all fields for any witness. This information is required to complete necessary travel arrangements and expense authorizations.</p> <p>Reminder: Witness Statements are required by IRSAS for distribution to parties two weeks prior to the Hearing.</p> <p>Is there a witness giving information at this hearing? Yes No <input type="checkbox"/> <input type="checkbox"/></p>	<p>Name: _____ Mailing Address for reimbursement: _____</p> <p>Departure Point: _____ Mode of Travel: _____ Accommodations: _____ Shared room with: _____ Witness travelling with: _____</p>		
<p>Health Concerns: Are there special health concerns or special needs (Diabetes, wheelchair accessibility, oxygen tanks, hearing or visual impairment, sign language, etc.) that must be taken into consideration when planning travel or arranging the hearing?</p>	<p>Yes</p> <p><input type="checkbox"/></p>	<p>No</p> <p><input type="checkbox"/></p>	<p>Comments:</p>

Please return this 'Logistics Requirements' form **at least 8 weeks prior to the Claimant's hearing.**

The 'Logistics Requirements' form can be returned **electronically** to IAP Hearing Management's Generic Email account: **IAPHearingMgmtSec@irsad-sapi.gc.ca**

or returned by **mail** to;

**Indian Residential Schools Adjudication Secretariat - IAP
PO Box 1575 - Station "B"
Ottawa ON K1P 0A9**