

(DNC #31)

Track Confirmation

Claimant name: ^^CNM

File number: ^^RFN

Once you have read the attached **Other Wrongful Acts/Actual Income Loss** Guidance Paper, please fill out and return this form. Please return it to us by fax at **604-666-7068**; or by email at: **CT.CV@irsad-sapi.gc.ca**; or return it to the Adjudication Secretariat at:

**IRS Adjudication Secretariat
PO Box 1575, Stn B
Ottawa, ON
K1P 0A9**

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Please check one of the following:

1. ___ I want my claim to remain in the complex track.
2. ___ I want to switch my claim to the standard track.
3. ___ I want an early track assessment pre-hearing teleconference to help me determine track.

[IF AIL] If you want to switch your claim to the standard track, you can claim compensation for Loss of Opportunity. Which level of Loss of Opportunity are you claiming?

<input type="checkbox"/> None	
<input type="checkbox"/> OL 1	Reduced work capacity – physical strength, or attention span
<input type="checkbox"/> OL 2	Inability to start or finish education or training, resulting in underemployment or unemployment
<input type="checkbox"/> OL 3	Periodic or occasional inability to get or keep a job
<input type="checkbox"/> OL 4	Chronic inability to keep a job
<input type="checkbox"/> OL 5	Chronic inability to get a job