

## HEARING DATE REQUEST

Please complete and e-mail this form to the National Hearing Coordinator at [nhcl@iroc.ca](mailto:nhcl@iroc.ca).

**Commencing Notice:**

**Appearance Date:**

**Requested Method of Hearing:**

- oral
- electronic (conference call)
- written
- other

**If other, specify:**

**Requested by:**

**IIROC Staff**

**Name of Counsel:**

**Name of Respondent:**

**Address:**

**Phone number:**

**Email:**

**If individual, name of current Dealer Member employed with:**

**Is Respondent represented by Counsel?**

**Name of Counsel:**

**Address:**

**Phone number:**

**Email:**

**Registration History:** Please specify dates, firm and location

**Hearing location:**

**If other, enter location:**

**Hearing duration**  
**(days, including ½ days or hours, if requesting an initial appearance):**

**Language requirements:**

**Suggested dates:**

- 1.
- 2.
- 3.

**Number of attendees:**

**Is there a related discipline matter?**

**If Yes, name of Respondent in related matter:**

**Type of related matter (Settlement, Contested, etc):**

**Hearing Date of related matter:**

**(Attach decision from related matter to Hearing Request, if available)**

**\*\* Additional Comments \*\***