

HEARING DATE REQUEST

Please complete and e-mail this form to the National Hearing Officer at NHO@iirac.ca.

Commencing Notice:

Appearance Date:

Requested Method of Hearing:

in-person

electronic (Webex)

written

other

If other, specify:

Requested by:

Name of the Respondent:

Name of Enforcement Counsel:

Address:

Phone number:

Email:

If individual, provide the name of the current Dealer Member employed with:

Is the Respondent represented by Counsel?

Name of the Respondent's 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, the name of the Respondent in related matter:

Type of the related matter (settlement, contested, etc):

Hearing Date of the related matter:

(Attach a decision from the related matter to this Hearing Request, if available.)

List additional individuals (e.g., other counsel, legal assistant or clerk, witnesses etc.) who will require access to Case Center for this matter. Please include email addresses.

**** Additional Comments ****