



REFUGEE HEARING ORIENTATION SESSION REGISTRATION FORM

Last Name						
First Name						
Country of origin						
E-mail contact						
Telephone number						
Are you alone and under 18 years old? (yes/no)	YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Mark the number of participants attending, including you. (If they are not part of your claim they must fill out other registration form)	1	2	3	4	5	Other
If you require an interpreter for the READY TOUR what is your preferred language (Let us know in advance) *						
Claim date (Day/Month/Year)						
Hearing date (Day/Month/year)						
Do you have a lawyer	YES <input type="checkbox"/>		NO <input type="checkbox"/>			
How did you learn about the Ready Tour? (Agency, relative, friend, worker, shelter, etc.)						

*We rely on volunteers for Ready Tour interpretation. We will do our best to find an interpreter for you.

Fill out the form and send it to Carolina Teves: cteves@fcjrefugeecentre.org