

# Form 11 Change or Withdrawal of Representative

1270 – 605 Robson Street, Vancouver, BC V6B 5J3	Tribunal stamp						
Phone: <u>(604) 775-2000</u>							
Fax: <u>(604) 775-2020</u>							
Toll Free: <u>1-888-440-8844</u>							
TTY: <u>(604) 775-2021</u>							
Email: BCHumanRightsTribunal@gov.bc.ca							
Website: bchrt.bc.ca							
Instructions							
Use this form if you are withdrawing as a participant's representative or if you are a new representative for							
a participant under rule 7 of the Tribunal's Rules of Practice and Pr	ocedure.						
Print clearly. Use a black or blue pen.							
Send your completed form to the Tribunal and provide a copy of it to all participants.							
What complaint is this notice about?							
Parties' names:	Tribunal case number:						
Are you a new representative or withdrawing as a representative?							
New representative for [Participant name]:	New representative for [Participant name]:						
Withdrawing as a representative for [Participant name]:							

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## Form 11

### **Change or Withdrawal of Representative**

#### Who will communicate with the Tribunal about this complaint?

Check only one:  The Participant (Complainant, Respondent, or other participant)								
	A lawyer							
	A legal advocate (example: a person who works for a law clinic)							
	Another person – must file a Form 1.2 with this form							
First name:			Last name:					
Preferred name ( <b>example</b> : traditional name, nickname, alias):								
Organization name, if applicable (example: law firm):								
Title:	Mr.	Ms.		Mx.		Not listed:		
Pronou	n: She	He		They		Not listed:		

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#### **Change or Withdrawal of Representative**

#### What is the participant's new address for delivery?

You must notify the Tribunal of any change to the address for delivery. A document sent to an address below is considered received by the participant. If you are withdrawing as a representative, you must send a copy of this notice to the participant you represented.

Email:						
Mailing address:						
5						
City:						
•						
Province:		Postal code:				
Telephone:	Fax:		Cell:			
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