

UCHUCKLESAHT TRIBE

**Administrative Decisions Review Act
Form DHS-5**

REVIEW REQUEST



Date received:

(for office use only)

A. APPLICANT

Full Legal Name:	
Citizenship No. <i>(if applicable)</i> :	
Enrolment No. <i>(if applicable)</i> :	
Address:	
Telephone Number:	
Email Address <i>(optional)</i> :	

B. NATURE OF REQUEST

I hereby request a review of: *(please select one or more of the following three options, as applicable)*

A DECISION MADE UNDER A UCHUCKLESAHT LAW

If selected, please specify:

Uchucklesaht law the decision was made under: _____

Date on which I was notified of the decision: _____

THE VALIDITY OF A UCHUCKLESAHT LAW

If selected, please specify:

Uchucklesaht law I am challenging the validity of:

Date I became aware of the effect of that Uchucklesaht law on my interest(s) *(if applicable)*:

If not applicable, date that Uchucklesaht law came into force: *(please refer to law for coming into force date)*

THE CONDUCT OF AN ENFORCEMENT OFFICER IN HIS OR HER ENFORCEMENT OF UCHUCKLESAHT LAW

If selected, please specify:

Name of enforcement officer: _____

Date I became aware of the conduct complained of: _____

C. DETAILS OF REQUEST

The basis for this review request is as follows:

(please continue description on additional pages if required)

I am attaching the following documents in support of this review request:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

(please continue list on additional pages if required)

I certify that the information contained in this review request is true to the best of my knowledge and belief. I acknowledge that this review request is subject to the requirements of the Administrative Decisions Review Act and that acceptance for filing is not an indication that those requirements have been met.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY

APPLICATION FEE

- Application fee received Date: _____
- Application refunded Date: _____

FACTUAL ASPECTS OF REVIEW REQUEST

- Statement containing facts agreed upon attached
- Statement containing facts in dispute attached

DECISION ON REVIEW REQUEST

- Order setting aside determination or declaring law invalid
- Order dismissing review request

Date of Order: _____

Written reasons provided/attached: Yes or No (*circle one*)

Signature of Chairperson of the Administrative Decisions Review Board: _____

Date: _____