## **APPLICATION FORM FOR APPOINTMENT** AS A DECISION-MAKER TO THE ADMINISTRATIVE TRIBUNAL

1. <u>GENERAL</u>			
Name:			
Address:			
Telephone Number:			
E-mail:			
L-man.			
I agree to submit an updated resun of education attained:	ne with this applica	ation fo	orm, including proof of highest level
	Yes	No	
2. <u>LEGAL TRAINING</u>			
I have completed an undergraduate	e degree in law at a	i recog	nized North American university:
	Yes	No	
If yes, please provide proof of legal	training.		
3. PROFESSIONAL ORDER			
I am/was previously a member of a	professional order	(s):	
	Yes	No	
If yes, list the professional order(s):	:		
1			
2			
3			
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I am currently in good standing with or have retired in good standing from the above-mentioned professional order(s):

	Yes	No	
If no, please explain:			

I hereby consent to any verification that may be necessary with the professional order(s) or any disciplinary committee(s) to confirm good standing. I also agree to supply any additional information that may be necessary to complete this verification:



## 4. OBLIGATIONS OF DECISION-MAKERS MEMBERSHIP ON THE ADMINISTRATIVE TRIBUNAL

I understand that Decision-makers appointed to the Administrative Tribunal will perform the duties set forth in the *Kahnawà:ke Justice Act* and related regulations and any other applicable laws, regulations, policies or procedures on an "as needed" basis:



I confirm that I am willing to take an Oath of Office, to sign a confidentiality agreement, and to abide by the Code of Conduct for Decision-makers Appointed to the Administrative Tribunal:



## No

I am willing to complete a training session(s) on topics such as key principles of administrative law, the skills required to conduct a hearing, and decision-writing:



## 5. <u>FINAL</u>

I agree to undergo a background check to ensure that all eligibility requirements are met and will sign a privacy waiver for that purpose:

	Yes	No	
the Commissioner of	Justice		

Issued by the Office of the Commissioner of Justic Date: July 10, 2024 Version: 1.0 I solemnly affirm that the information provided in this application form is true to the best of my knowledge.

Name

Solemnly affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2024 in \_\_\_\_\_\_,

Commissioner for Oaths

DATE RECEIVED