

## SCHEDULE B



### Public Inquiry Respecting the Treatment, Experiences and Outcomes of Innu in the Child Protection System

James J. Igloliorte  
Commissioner

Dr. Michael Devine  
Commissioner

Anastasia Qupee  
Commissioner

### Application for Investigation

The *Public Inquiry Respecting the Treatment, Experiences and Outcomes of Innu in the Child Protection System* shall investigate the deaths of a child, youth or adult where the Commissioners are satisfied that the following criteria are met:

- a) The child, youth or adult experienced time in care or custody in the Child Protection System;
- b) The child, youth or adult was under the age of 25 at the time of death;
- c) The child, youth or adult died on or after September 30, 2007;
- d) A parent or, where appropriate, other next of kin of the child, youth or adult consents to the investigation; and
- e) a parent or, where appropriate, other next of kin of the child, youth or adult attests to the belief that the child's, youth's or adult's time in care or custody contributed to their death.

The contents of the *Application for Investigation* will remain confidential; however, the Inquiry may provide some of the information contained herein to the Department of Children, Seniors and Social Development in order to confirm its accuracy.

A parent or next of kin of a child whose death will be the subject of a Investigation shall be granted Investigation Standing and, therefore, will be entitled to funding to participate. However, anyone granted Investigation Standing and who wishes to have standing for any other part of the Inquiry including other Investigations must apply for General Standing pursuant to Rule XII of the Rules of Procedure.

**Part I: The Application of the Applicant(s) states that:**

1. The name of the Applicant is \_\_\_\_\_. The Applicant's email address and telephone numbers are:\_\_\_\_\_

2. Does the Applicant have legal representation? Yes\_\_\_ No \_\_\_

3. If yes, please provide name and contact information below:

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

4. The Applicant seeks an order that the Inquiry will investigate the death of \_\_\_\_\_.

5. \_\_\_\_\_ was born on \_\_\_\_\_.

6. \_\_\_\_\_ died on \_\_\_\_\_.

7. The Mother of \_\_\_\_\_ is \_\_\_\_\_ and she resides at \_\_\_\_\_.

8. The Father of \_\_\_\_\_ is \_\_\_\_\_ and he resides at \_\_\_\_\_.

9. Where the Applicant is not the father or the mother, please describe the relationship between the Applicant and the deceased.

\_\_\_\_\_

\_\_\_\_\_

10. The Applicant believes that \_\_\_\_\_ experienced time in care or custody in the child protection system of Newfoundland and Labrador. The time in care or custody was on or about \_\_\_\_\_.

- 11. The Applicant believes that the time that \_\_\_\_\_ spent in care or custody in the child protection system of Newfoundland and Labrador contributed to their death.
- 12. The Applicant believes that the time that \_\_\_\_\_ spent in care or custody contributed to their death because: (Please keep this very brief)

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**Part II: The Consent of the Applicant:**

- 13. The Applicant understands that the Inquiry will gather information about the experience and treatment of \_\_\_\_\_ while they were in care or custody. The information will be gathered through interviews and the production of documents.

Initial \_\_\_\_\_ Witness \_\_\_\_\_

- 14. The Applicant understands that the Inquiry may also gather information about the life of \_\_\_\_\_ before and after \_\_\_\_\_ was in care or custody. The information will be gathered through interviews and the production of documents.

Initial \_\_\_\_\_ Witness \_\_\_\_\_

- 15. The Applicant understands that some of the information gathered by the Inquiry about the experience and treatment of \_\_\_\_\_ while in care and custody will be released to Parties who have been granted standing.

Initial \_\_\_\_\_ Witness \_\_\_\_\_

- 16. The Applicant understands that some of the information gathered by the Inquiry about the life of \_\_\_\_\_ before and after \_\_\_\_\_ was in care or custody may be released to Parties who have been granted standing.

Initial \_\_\_\_\_ Witness \_\_\_\_\_

- 17. The Applicant understands that some of the information gathered by the Inquiry about the experience and treatment of \_\_\_\_\_ while in care and custody may become public through testimony at a Formal Hearing or become public as an exhibit at a Formal Hearing.

Initial \_\_\_\_\_ Witness \_\_\_\_\_

- 18. The Applicant understands that some of the information gathered by the Inquiry about the life of \_\_\_\_\_ before and after \_\_\_\_\_ was in care or custody may become public through testimony at a Formal Hearing or become public as an exhibit at a Formal Hearing.

Initial \_\_\_\_\_ Witness \_\_\_\_\_

**Part III: Acknowledgements**

- 19. Where necessary, the contents of this Application and Consent were translated into Innu-aimun by \_\_\_\_\_.

Initial \_\_\_\_\_ Witness \_\_\_\_\_

- 20. Where necessary, the contents of this Application and Consent were explained to me by \_\_\_\_\_ who is \_\_\_\_\_.

Initial \_\_\_\_\_ Witness \_\_\_\_\_

**Part IV: Supports**

- 21. The Applicant believes that the Applicant and other may need support during the course of the Investigation Hearing and Formal Hearing and the Applicant believes that they may need the following types of support:

Elder support \_\_\_\_\_

Mental Health and/or Emotional Support \_\_\_\_\_

Community Support \_\_\_\_\_

Religious Support \_\_\_\_\_

Professional Support \_\_\_\_\_ (Please specify the type \_\_\_\_\_)

Other Types of Support \_\_\_\_\_ (Please specify the type \_\_\_\_\_)

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counsel for the Applicant

\_\_\_\_\_  
Date