

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

DEADLINE FOR INVESTIGATIONS AND GENERAL STANDING

ST. JOHN'S (September 27, 2022) – The Commissioners, Judge James Igloliorte, Anastasia Qupee and Dr. Mike Devine, of the Inquiry into the Treatment, Experiences and Outcomes of Innu in the Child Protection System note that the deadline to apply for a death investigation and for general standing has been extended to **Monday October 31**st, **2022**.

The Inquiry is in the process of establishing its healing services to promote the safety and wellbeing of all participants. Those wishing to share about their experience with the child protection system may do so through public or private meetings, art, songs, audio or video recordings, and letters. Details on how you can share your experience will be available soon.

Families who want an investigation into the death of a child or youth whose experience in the child protection system contributed to their death are asked to complete the attached application by Monday October 31st, 2022. If you have any difficulty in completing the form, please contact Ruth Steele, Inquiry Manager at <u>RuthSteele@inniuna.ca</u> or (709) 729-7589.

For a copy of the Rules of Procedure or any further information, please contact:

Ruth Steele, Inquiry Manager

- Email: <u>RuthSteele@inniuna.ca</u>
- Phone: (709) 729-7592



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

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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.

t I	I: The Application of the Applicant(s) states that:			
	The name of the Applicant is The			
	email address and telephone numbers are:			
	Does the Applicant have legal representation? Yes No			
	If yes, please provide name and contact information below:			
	Name:			
	Firm:			
	Address:			
	Telephone:			
	Email:			
	The Applicant seeks an order that the Inquiry will investigate the	e death of		
	was born on			
	died on			
	The Mother of and	she resides		
	at			
	The Father of and he	e resides at		
	Where the Applicant is not the father or the mother, please describe the between the Applicant and the deceased.	relationship		
	The Applicant believes that experienced times	ne in care or		
	custody in the child protection system of Newfoundland and Labrador. The time in care			
	or custody was on or about			
	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)

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_____

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_____

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 Innuaimun by ______.

Initial W	Vitness
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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