

# Application To Participate (Standing) Desmond Fatality Inquiry

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## How to apply

Print and fill out the application form. Each person applying must complete a separate application form.

You can submit your form by email, fax or by mail.

**Email** Scan your completed form and email it to [desmondinquiry@courts.ns.ca](mailto:desmondinquiry@courts.ns.ca).

**Fax** Complete your form and fax it to 902-863-7479, attention Elise Levangie.

**Mail** Mail your completed form to: Desmond Fatality Inquiry  
Antigonish Justice Centre  
11 James St.  
Antigonish NS B2G 1R6

All applications must be received by the Inquiry no later than  
**4:30 p.m. AST on Monday, April 29, 2019.**

## The Applicant

### Individual\*

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_ Tel \_\_\_\_\_

### Government Department, Corporation or Organization\*

Name \_\_\_\_\_

Contact person (name and position) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_ Tel \_\_\_\_\_

## If Represented by Counsel\*

Name \_\_\_\_\_

Firm \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_ Tel \_\_\_\_\_

## Criteria For Participation (Standing)

Pursuant to the Terms of Reference, which are available on the Inquiry website, participation is based on the following criteria. Check all that apply to you.

I have a substantial and direct interest in the subject matter of the Inquiry in the context of the Terms of Reference.

My participation would further the conduct of the Inquiry; or,

My participation would contribute to the openness and fairness of the Inquiry.

Explain how you satisfy the criteria you checked off. You may submit one additional page of information.

## Types of Participation Sought

If given the right to participate in the Fatality Inquiry which of the following types of participation do you seek? Check all that apply.

Make an opening statement

Lead evidence

Lead expert evidence

Cross-examine witnesses

Make closing submissions

Other

Explain

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Signature \_\_\_\_\_ Dated \_\_\_\_\_, 2019

Print Name \_\_\_\_\_