

AKWESASNE COURT APPLICATION FORM

APPLICANT: _____ **PHONE:** _____
ADDRESS: _____ **OTHER**
_____ **PHONE/FAX:** _____
_____ **EMAIL:** _____

If there is no Respondent, please leave the section below blank.

RESPONDENT: _____ **PHONE:** _____
ADDRESS: _____ **OTHER**
_____ **PHONE/FAX:** _____
_____ **EMAIL:** _____

1. Please select the box which best describes the type of Application you wish to bring:

- | | |
|--|---|
| <input type="checkbox"/> Small Claims Application | <input type="checkbox"/> Application for <i>In-Camera</i> * Hearing |
| <input type="checkbox"/> Application for Exemption from Payment of Fees | <input type="checkbox"/> <i>Ex Parte</i> ** Application |
| <input type="checkbox"/> Application to Challenge an Akwesasne Law | <input type="checkbox"/> Application for Leave to Appeal |
| <input type="checkbox"/> Application for Enforcement | <input type="checkbox"/> Request for Subpoena |
| <input type="checkbox"/> Application to Add/Remove Parties | <input type="checkbox"/> Application for Peace Bond Hearing |
| <input type="checkbox"/> Review or Appeal of Decision by an Akwesasne Decision Making Body | <input type="checkbox"/> Other |

**In-Camera* means proceedings held in private and not open to the public.

***Ex Parte* means a legal proceeding brought by one Party in the absence of, and without notice to, the other Party or Parties. If you are bringing an Application on an *ex parte* basis, you will not need to serve the Application on the Respondent, but you will need to explain the urgency of the situation requiring the waiver of notice requirements.

AKWESASNE COURT APPLICATION FORM

*****If you are bringing an Application to Challenge an Akwesasne Law, please fill out sections 2 and 3 before proceeding to section 4. All other Applicants proceed directly to section 4.***

2. For Applications to Challenge an Akwesasne Law: Please circle the letter corresponding to the statement which best describes your reason for bringing this application.

- a. I am challenging the validity of an Akwesasne Law.
- b. I am challenging the application of an Akwesasne Law.
- c. I am applying for a review of the interpretation of all or part of an Akwesasne Law.

3. For Applications to Challenge an Akwesasne Law: Please identify which Akwesasne Law, or provision thereof, is the subject of this application.

ALL APPLICANTS MUST FILL THE FOLLOWING SECTIONS:

4. Please describe your problem or issue.

Please be as detailed as possible in filling out this section. Attach separate pages if more space is needed. The information you provide in this section will vary depending on what type of Application you are bringing. Please note the following:

- *If this is an Ex Parte Application, please describe the urgency of the situation requiring an ex parte hearing.*
- *If this is an Application for In-Camera Hearing, please describe the reason why you wish to have your hearing held in-camera, and describe what harm or injury would likely occur if the hearing were held in public.*
- *If this is an Application for Leave to Appeal, please use this section to describe the special grounds, question of law, and/or Order or remedy forming the basis for the appeal.*
- *If this is an Application for a Peace Bond Hearing, please use this section to describe the circumstances of harassment, violence, physical or verbal abuse requiring a peace bond.*

AKWESASNE COURT APPLICATION FORM

7. Have you attempted to have this matter mediated? Yes _____ No _____.

If **yes**, please provide the Court with the date mediation was attempted and in which Court, if there was an agreement or documentation from the mediation, please provide a copy to the Court.

If **no**, be advised that for certain types of applications, you may be required to attempt mediation to resolve your matter.

Note: Mediation does not apply to Applications for Exemption from Payment of Fees, Applications for In-Camera Hearings, Applications to Challenge an Akwesasne Law, Applications for Leave to Appeal, or Requests for Subpoena.

8. If you will be represented by a lawyer, please provide his/her contact information.

Name	
Address	
Phone	
Email	
Fax	

Signature of Applicant

Date

Please provide **3 complete copies of this application** and all supporting documentation to the Court Administrator at the Akwesasne Court with a certified check or money order payable to the Mohawk Council of Akwesasne for processing.