

AFFIDAVIT

Under Section 15 (10) of the *Offence Act* (for a violation ticket issued under a Treaty First Nation law)

DL#

DOB

YY MM DD

Violation Ticket #

I, _____
Last Name First Name
of _____
Mailing Address

City Prov. Postal Code

swear or affirm that:

Please select the Treaty First Nation under whose law the violation ticket was issued.

- ☐ Tsawwassen First Nation
☐ Huu-ay-aht First Nations
☐ Ka:'yu:'k't'h' /Che:k'tles7et'h' First Nations
☐ Toquaht Nation
☐ Uchucklesaht Tribe
☐ Yuuʔuʔiʔath
☐ Tla'amin Nation

1. On ____ YY ____ MM ____ DD
Date I was to appear at a hearing to dispute the following contravention(s):

Treaty First Nation Law

Act / Reg. (Specify)

Description of Offence

Section

2. I had a genuine intention to appear at the scheduled hearing.
3. Not more than 30 days have passed since the hearing date.
4. Through no fault of my own, I failed to appear before the Provincial Court for the following reason(s):

☐ (Check box if more space is required and add another page)

Sworn/affirmed before me

YY ____ MM ____ DD ____

on ____ at ____
Date City

in the Province of British Columbia.

Signature

A Commissioner for taking Affidavits for British Columbia

CERTIFICATE

I order that the application is:

☐ Allowed. A new date must be set for the hearing of this matter, and the Treaty First Nation must cancel or cease any administrative actions that have been taken or commenced as a consequence of the failure to appear at the hearing.

☐ Denied, for the following reason(s): _____

as of ____ YY ____ MM ____ DD
Date

Signature of Justice