



## HUU-AY-AHT TRIBUNAL NOTICE OF RESPONSE RESPONSE OF ADMINISTRATIVE DECISION MAKER

# FORM B1

NOTES: This form is to be used for a Response by or on behalf of an administrative decision maker responding to an Application.

If there is not sufficient space on this form for any of the information required, you may attach a schedule and reference it in the space provided. You may also attach documents if necessary.

Responses must be filed with the Tribunal within 14 days of service of the Notice of Application.

### APPLICATION RESPONDED TO

This is a Response to Application # **2014-003**

### RESPONSE TO GROUNDS

Briefly set out your position on the Grounds for Appeal advanced in the application, including any relevant additional facts.

1. The issues raised in the Application have been the subject of *in camera* discussions and an *in camera* resolution of Executive Council. Executive Council has thereby given direction to the Respondent in respect of this matter. The Respondent is following that direction. There is no decision or resolution of Executive Council in respect of this matter that the Respondent has failed to implement as required under s. 55 of the *Government Act*.
2. Executive Council has reviewed the issues raised in the Application and determined that no disciplinary action against the Respondent is necessary or appropriate.

### RESPONSE TO RELIEF SOUGHT

Set out your position on the relief sought in the Application.

The Respondent objects to all relief sought on the basis that the Applicant has alleged no decision made by the Respondent that may be varied or set aside under s. 23 of the *Tribunal Act*.


**THIS FORM HAS TWO SIDES  
YOU MUST COMPLETE BOTH**

00813244



HUU-AY-AHT TRIBUNAL NOTICE OF RESPONSE  
RESPONSE OF ADMINISTRATIVE DECISION MAKER

**FORM B1**

RESPONDENT		
<u>Edwards</u>	<u>James</u>	<u>Executive Director</u>
LAST NAME	GIVEN NAME(S)	POSITION
_____	_____	_____
<u>MAILING ADDRESS</u>	<u>CITY/TOWN</u>	<u>POSTAL CODE</u>
_____	_____	_____
<u>PHONE</u>	<u>FAX</u>	<u>EMAIL ADDRESS</u>
_____	_____	_____
RESPONDENT'S AGENT <small>To be completed only if an agent will be acting on behalf of the Respondent.</small>		
<u>Skeels</u>	<u>Melinda</u>	
LAST NAME	GIVEN NAME(S)	
_____	_____	
<u>Suite 500 – 221 West Esplanade</u>	<u>North Vancouver</u>	<u>V7M 3J3</u>
MAILING ADDRESS	CITY/TOWN	POSTAL CODE
_____	_____	_____
<u>(604) 988-5201</u>	<u>(604) 988-1452</u>	<u><a href="mailto:mskeels@ratcliff.com">mskeels@ratcliff.com</a></u>
PHONE	FAX	EMAIL ADDRESS
_____	_____	_____
<u>ADDRESS FOR DELIVERY</u>	<small>This will be used to deliver any notices in relation to the Application. <b>Note: the Tribunal's preferred means of communication is through email.</b></small>	
<b>CHECK ONE:</b> <input type="checkbox"/> Applicant's Email <input type="checkbox"/> Applicant's Fax <input type="checkbox"/> Applicant's Mailing Address <input checked="" type="checkbox"/> Agent's Email <input type="checkbox"/> Agent's Fax <input type="checkbox"/> Agent's Mailing Address <input type="checkbox"/> Use Email or Fax or Address <b>provided in space below:</b>		
SIGNATURE <small>This notice must be signed by the Respondent or Respondent's agent.</small>		
_____		
FIRST AND LAST NAMES OF PERSON SIGNING		
_____		
<u>January 22, 2014</u>		
DATE	SIGNATURE	
_____	_____	
<b>For Office Use Only</b>	Date Received: <u>January 22, 2014</u>	

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