

# HEARING APPEARANCE FORM



Hearing Date:

Hearing Location:

## RETURN FORM TO THE HEARINGS ADVISOR BY

Hearings Advisor  
Auckland Council  
Democracy Services – Hearings Unit  
Private Bag 92300  
AUCKLAND 1142

Phone No:

Email:

<b>NAME:</b>	_____	
<b>PHONE NO:</b>	_____	
<b>AGENT'S NAME:</b>	_____	
<b>AGENT'S PHONE NO:</b>	_____	
<b>Do you intend to speak at the Hearing?</b>	<b>Yes</b>	<b>No</b>
<b>Time required to speak to your evidence</b>	<b>hours</b>	<b>min</b>
<b>Will you do a digital presentation?</b>	<b>Yes</b>	<b>No</b>
<b>Do you require a Te Reo Translator?</b>	<b>Yes</b>	<b>No</b>
<b>Do you require a New Zealand Sign Language interpreter?</b>	<b>Yes</b>	<b>No</b>
<b>Names of Witnesses to be called:</b>		
<b>Name of person completing form:</b>	<b>Date:</b>	