## 

Interested Party Application Form

APPLY to be AN INTERESTED PARTY TO the

masjid attacks coronial INQUIRY

You **DO NOT** need to fill out this form if you’re a family member or representative of a deceased person, if you were shot, or are the parent of a child who was shot.

## For further assistance

If you need interpreter or translation assistance with this form, please contact **0800 88 88 20** or email [**coronial.response@justice.govt.nz**](mailto:coronial.response@justice.govt.nz)

# 1) Your details

Are you applying:  as an individual  on behalf of an organisation  for any other reason

|  |  |  |  |
| --- | --- | --- | --- |
| Last name: |  | | |
| First and Middle name(s): |  | | |
| Title (Mr/Ms/Mrs/Dr): |  | |
| Address: |  | |
| Email: |  | |
| Contact number: |  | |
| If you require interpreter assistance or translation, please state the language required: | |  |

# 2) Your interest in the masjid attacks coronial investigation

|  |  |  |  |
| --- | --- | --- | --- |
| **If you are applying as an INDIVIDUAL:** | | |  |
| 1. Were you present during the attacks?   Yes  No | | |  |
| 1. Where were you located during the attacks?   An-Nur Mosque  Linwood Mosque | | | |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 1. Did you provide a formal witness statement to the Police?   Yes  No | | | |
| 1. Please briefly explain your interest in the coronial inquiry: | | | |
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| **If you are applying ON BEHALF OF** **AN ORGANISATION:** | | | |
| The organisation’s name: |  | | |
| Your position or role in the organisation: |  | | |
| Are you a Muslim/Islamic Organisation in New Zealand?  Yes  No  Please provide information about the organisation’s membership, and explain the organisation’s interest in this coronial inquiry: | | | |
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| **If you are applying FOR ANY OTHER REASON:** | |  | |
| Please explain your interest in the coronial inquiry, your connection to the events of 15 March 2019, how you might otherwise assist the coronial inquiry below: | | | |
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# What happens next?

Thank you for filling out this form. Please send your completed form to **coronial.response@justice.govt.nz**

**Please note:** not every person or group may become an interested party. The Coronial Services office may contact you for further information if required.

The Coroner will consider the information provided in your application and Coronial Services will let you know the outcome.

# Privacy statement

We collect personal information from you; including your name and contact details. We collect this, so we have all the information we need to process your application to register as an interested party.

You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you’d like to ask for a copy of your information, or to have it corrected, please contact us at 0800 COURTS (0800 268 727)