

**UCHUCKLESAHT TRIBE GOVERNMENT**

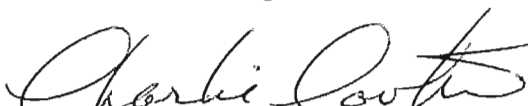
Enacted under the Integrity Act section 7.1

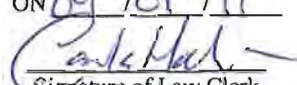
**DISCLOSURE FORMS REGULATION**

**UTR 2/2011**



This regulation enacted on April 1, 2011

Signed   
Charlie Cootes, Chief Councillor of the  
Uchucklesaht Tribe

DEPOSITED IN THE  
REGISTRY OF LAWS  
ON 04/01/11  
  
Signature of Law Clerk



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## PART 1 - INTRODUCTORY PROVISIONS

### Short title

**1.1** This regulation may be cited as the Disclosure Forms Regulation.

### Application

**1.2** This regulation prescribes

- (a) the form of disclosure statements under sections 4.1, 4.3 and 4.4 of the Act, and
- (b) the dollar value that gifts or personal benefits received by a Uchucklesaht government representative as an incident of the protocol, customs or social obligations that normally accompany the responsibilities of his or her position must exceed before they have to be disclosed in accordance with section 4.4 of the Act.

### Definitions

**1.3** In this regulation,

“Act” means the Integrity Act;

“disclosure statement” means a form of disclosure statement prescribed under this regulation and includes any attachments to the disclosure statement.



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## PART 2 - PRESCRIBED MATTERS

### Prescribed forms

- 2.1**
- (a) The Form numbered DHS-1 in Schedule 1 is prescribed for the purposes of section 4.1 the Act.
  - (b) The Form numbered DHS-2 in Schedule 2 is prescribed for the purposes of section 4.3 of the Act.
  - (c) The Form numbered DHS-3 in Schedule 3 is prescribed for the purposes of section 4.4 of the Act.
  - (d) A disclosure statement that is
    - (i) a private interests disclosure statement must be in Form DHS-1,
    - (ii) a supplemental disclosure statement must be in Form DHS-2, and
    - (iii) a disclosure statement for gifts and personal benefits must be in Form DHS-3.
  - (e) Every disclosure statement must be executed and competed in compliance with
    - (i) the Act,
    - (ii) this regulation, and
    - (iii) the instructions on Form DHS-1, DHS-2 or DHS-3, as applicable.

### Prescribed value

- 2.2** A value of \$500 is prescribed for the purposes of section 4.4 of the Act.





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## PART 3 - COMPLETION OF DISCLOSURE STATEMENTS

### Completion of disclosure statements

- 3.1**
- (a) Every disclosure statement, including any attachments, must be on durable paper 27.9 cm x 21.5 cm in size.
  - (b) Every disclosure statement must be completed
    - (i) by printing or typing in legible characters of 10 or 12 pitch, but not smaller than 12 point, and
    - (ii) by printing or typing in black or dark ink that is compatible for electronic scanning, optical character recognition or micrographic technology of the kind used in the Uchucklesaht administration office.
  - (c) The name of an individual on a disclosure statement must be the individual's full legal name, being the individual's first name, middle name(s) and last name, without the use of initials or nicknames.
  - (d) The name of an entity on a disclosure statement must, if the entity is incorporated, be the name of the entity as it appears in the applicable corporate registry.
  - (e) An abbreviation of any word on a disclosure statement must not be used unless
    - (i) the abbreviation is permitted by the chief administrative officer, and
    - (ii) the abbreviation does not obscure the meaning, intent or legal effect of the disclosure statement.
  - (f) Every disclosure statement must be in the English language.



**SCHEDULE 1 - FORM OF DISCLOSURE STATEMENT – PRIVATE INTERESTS**

<p><b>UCHUCKLESAHT TRIBE</b></p> <p><b>Integrity Act</b> <b>Department of Human Services</b> <b>Form DHS-1</b></p> <p><b>DISCLOSURE STATEMENT –</b> <b>PRIVATE INTERESTS</b></p>		<p><b>Date received:</b></p> <p><i>(for Department of Human Services use only)</i></p>
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<b>A. PERSONAL INFORMATION</b>	
<b>Name of Uchucklesaht government representative making this disclosure statement:</b>	
<b>Name of spouse:</b>	
<b>Names of sons and daughters:</b>	
<b>Names of parents:</b>	
<b>Names of siblings:</b>	

**DEFINITIONS:**

“immediate family” has the meaning given to that term in the Integrity Act;

“spouse” has the meaning given to that term in the Interpretation Act; and

“Uchucklesaht government representative” has the meaning given to that term in the Interpretation Act.

<b>B. FOR-PROFIT CORPORATIONS, PARTNERSHIPS, PROPRIETORSHIPS and OTHER BUSINESS ENTITIES in which the Uchucklesaht government representative or his or her immediate family has an interest</b>		
<b>Name of Uchucklesaht government representative or immediate family member holding the interest:</b>	<b>Name of entity:</b>	<b>Extent of the interest: (%)</b>
<i>(Note: please attach additional pages if required)</i>		

<b>C. NOT-FOR-PROFIT ORGANIZATIONS OR CHARITIES in which the Uchucklesaht government representative or his or her immediate family holds a membership</b>	
<b>Name of Uchucklesaht government representative or immediate family member holding the membership:</b>	<b>Name of entity:</b>
<i>(Note: please attach additional pages if required)</i>	

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<b>D. For-profit corporations, not-for-profit organizations or charities of which the Uchucklesaht government representative or his or her immediate family is a DIRECTOR, an OFFICER or BOTH</b>		
<b>Name of Uchucklesaht government representative or immediate family member holding the position:</b>	<b>Name of entity:</b>	<b>Position(s) held:</b>
<i>(Note: please attach additional pages if required)</i>		

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**DECLARATION:**

I hereby swear or affirm that the information in this public disclosure statement is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**SCHEDULE 2 - FORM OF DISCLOSURE STATEMENT – SUPPLEMENTAL**

<p><b>UCHUCKLESAHT TRIBE</b></p> <p><b>Integrity Act</b> <b>Department of Human Services</b> <b>Form DHS-2</b></p> <p><b>DISCLOSURE STATEMENT –</b> <b>SUPPLEMENTAL</b></p>		<p><b>Date received:</b></p>  <p><i>(for Department of Human Services use only)</i></p>
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A. PERSONAL INFORMATION	
<p><b>Name of Uchucklesaht government representative making this disclosure statement:</b></p>	
<p><b>Name of spouse:</b></p>	
<p><b>Names of sons and daughters:</b></p>	
<p><b>Names of parents:</b></p>	
<p><b>Names of siblings:</b></p>	

**DEFINITIONS:**

“immediate family” has the meaning given to that term in the Integrity Act;

“spouse” has the meaning given to that term in the Interpretation Act; and

“Uchucklesaht government representative” has the meaning given to that term in the Interpretation Act.

**B. FOR-PROFIT CORPORATIONS, PARTNERSHIPS, PROPRIETORSHIPS and OTHER BUSINESS ENTITIES in which the Uchucklesaht government representative or his or her immediate family has an interest**

Name of Uchucklesaht government representative or immediate family member holding the interest:	Name of entity:	Extent of the interest: (%)

*(Note: please attach additional pages if required)*

<b>C. NOT-FOR-PROFIT ORGANIZATIONS OR CHARITIES in which the Uchucklesaht government representative or his or her immediate family holds a membership</b>	
<b>Name of Uchucklesaht government representative or immediate family member holding the membership:</b>	<b>Name of entity:</b>
<i>(Note: please attach additional pages if required)</i>	

<b>D. For-profit corporations, not-for-profit organizations or charities of which the Uchucklesaht government representative or his or her immediate family is a DIRECTOR, an OFFICER or BOTH</b>		
<b>Name of Uchucklesaht government representative or immediate family member holding the position:</b>	<b>Name of entity:</b>	<b>Position(s) held:</b>
<i>(Note: please attach additional pages if required)</i>		

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PAGE 5 of 5

**DECLARATION:**

I hereby swear or affirm that the information in this public disclosure statement is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**SCHEDULE 3 - FORM OF DISCLOSURE STATEMENT – GIFTS AND PERSONAL BENEFITS**

<p><b>UCHUCKLESAHT TRIBE</b></p> <p><b>Integrity Act</b> <b>Department of Human Services</b> <b>Form DHS-3</b></p> <p><b>DISCLOSURE STATEMENT –</b> <b>GIFTS AND PERSONAL BENEFITS</b></p>		<p><b>Date received:</b></p> <p><i>(for Department of Human Services use only)</i></p>
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*(Note: Please file a separate disclosure statement for each gift or personal benefit received as an incident of the protocol, customs or social obligations that normally accompany the responsibilities of your position)*

<p><b>Name of Uchucklesaht government representative making this disclosure statement:</b></p>			
<p><b>Description of the gift or personal benefit:</b></p>			
<p><b>Name of the person the gift or personal benefit was received from:</b></p>			
<p><b>Date Received:</b></p>		<p><b>Value:</b></p>	

**DECLARATION:**

I hereby swear or affirm that the information in this public disclosure statement is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date