

AUCKLAND UNITARY PLAN INDEPENDENT HEARINGS PANEL

Te Paepae Kaiwawao Motuhake o te Mahere Kotahitanga o Tāmaki Makaurau

Notice of Cross-Examination

Hearing Topic			
Cross examiner Submitter Name		Cross examiner Sub. No.:	

Please use this form if you wish to cross-examine other parties at the Hearing. You must send your notice of cross-examination to the Hearing Administrator, and to each of the parties who you intend to cross examine, at least **three working days** prior to the hearing commencing. On receipt of your notice of cross examination, the hearing panel chairperson will determine whether to allow such cross examination and, if cross-examination is allowed, which witnesses may be questioned, which topics may be covered and how long such cross examination may take.

The Hearings Panel will make all notices of cross-examination and its determination in respect of such notices available at <http://www.aupihp.govt.nz/hearings/> two working days prior to the hearing commencing.

Cross-examination or questioning of a witness will normally only be permitted where:

- The witness is an expert;
- It is consistent with the principles set out in clauses 6, 7 and 8 of the Hearings Panel procedures document (for a copy click [here](#));
- It helps the Panel to better understand an issue;
- Conflicting evidence needs to be put to the witness to confirm their view; or
- There are particular circumstances that warrant it, including resolving disputed issues of fact.

Please list the name, submission number and the witness of the party you wish to cross examine, the issue you wish to cross examine on and specify the time you require in the table below:

Name and submission number of the party to be cross examined	Name of witness to be cross examined	Issues to be cross examined	Time you Require (minutes)
		<ul style="list-style-type: none">••	
		<ul style="list-style-type: none">••	
		<ul style="list-style-type: none">••	

You are welcome to attach additional pages if more space is required.

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Office use only – if granted in part, please specify below.

Granted	Declined	Date:	Signature:
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