



Confirmation of Appeal

WSIAT Number

Workplace Safety and Insurance Appeals Tribunal (WSIAT)

505 University Avenue, 7th Floor,
Toronto ON M5G 2P2
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Please complete this form when you are ready to proceed with your appeal. Please return this form and all requested attachments. You may print or type the information.

Appellant Information

Last Name	First Name	Contact Name (if Employer Applicant)
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Hearing

I want my appeal to be heard in: English French
I need an interpreter for the hearing: No Yes, If yes, in what language? _____

Hearings in Writing

In order to speed-up the appeal process, the Tribunal may propose that some appeals be decided on the basis of written submissions instead of an oral hearing. **Choose either Block A or Block B.**

Block A

<input type="checkbox"/> I agree that the Tribunal may decide my appeal based on written submissions, without an oral hearing, if the Tribunal proposes this process.

Block B

<input type="checkbox"/> I request the Tribunal hold an oral hearing for my appeal.

Alternative Dispute Resolution

The Tribunal offers mediation services **for suitable appeals**. This process tries to reduce or eliminate the need for an oral hearing through Alternative Dispute Resolution (ADR). If the appeal is not resolved in the ADR stream, the appeal will be decided after a written or oral hearing by a Panel or a Vice-Chair. **Choose either Block C or Block D.**

Block C

<input type="checkbox"/> I wish to have my appeal dealt with in the ADR stream.

Block D

<input type="checkbox"/> I do not wish to have my appeal dealt with in the ADR stream.

Other Workplace Safety & Insurance Appeals Tribunal Appeals or Decisions

Please provide information about any **current or previous appeals** that you have made to the Workplace Safety & Insurance Appeals **Tribunal** (“the Tribunal”). **Choose either Block E or Block F.**

Block E

I have had **no** other appeals or decisions at the Tribunal.

Block F

I have had other appeals or decisions at the Tribunal.

WSIAT or WCAT Numbers	_____	-	,	_____	-	,	_____	-
	_____	-	,	_____	-	,	_____	-
OR								
Decision Numbers	_____	/	,	_____	/	,	_____	/
	_____	/	,	_____	/	,	_____	/

Note: Employer applicants should only list claims involving the same worker.

Other Claims at the Workplace Safety & Insurance Board

You must confirm if you have additional claims at the Workplace Safety & Insurance **Board** (“the Board”). **Choose either Block G or Block H.**

Block G

I have no other claims at the Board.

Block H

I have the following other claims at the Board:

Claim Number	_____	,	_____	,	_____	,	_____
	_____	,	_____	,	_____	,	_____

Note: Employer applicants should only list claims involving the same worker.

Other Claims You Are Appealing at the Workplace Safety & Insurance Board

The Tribunal generally uses a “whole person” approach and decides related issues at the same time. If you have **other claims you are appealing** at the **Board** that are **related** to this appeal, it is likely that the Vice-Chair Registrar, or a Panel or Vice-Chair, will not be willing to proceed with this appeal until the Board appeals are finished. **Choose either Block I or Block J.**

Block I

I have **no** other claims I am appealing at the Board at this time.

Block J

Please list **claims you are appealing** at the Board so that the Tribunal can determine whether they are related to this appeal.

I have other appeals that are in process at the Board at this time or there are decisions of the Board that I intend to appeal or there are other decisions for which I have reserved the right to appeal at the Board.

Date of Decision Under Appeal or That May Be Appealed (dd/mm/yy)	Decision Maker	Claim Number

I wish to choose the following option:

I agree that the Tribunal will put this appeal into Inactive Status until the Board has decided my other related appeal(s). I understand that I will then be allowed to have any related issues arising from that Board decision scheduled together with this appeal without being placed on the Tribunal’s waiting list. I will advise the Tribunal when I am ready to proceed.

OR

My other appeal(s) are not related to this appeal. I want the Tribunal to schedule this appeal by itself. I will not be requesting that any additional issues from appeal(s) be heard with this appeal.

OR

My other appeal(s) are related to this appeal but there are special circumstances why I want the Tribunal to schedule this appeal by itself. I will not be requesting that any additional issues from my other appeal be heard with this appeal.

If you choose this option you must attach a letter explaining the special circumstances.

I have attached a letter explaining the special circumstances.

Evidence

You *must* submit all new evidence with this form. This replaces the Tribunal's former requirement for applicants to submit evidence at least three weeks before the hearing. Applicants may only submit evidence at the three-week date if it was not reasonably available or obtainable earlier. New evidence submitted after the three-week deadline will not be placed before the Vice-Chair or Panel.

If evidence is submitted after your appeal is scheduled, your hearing date may be adjourned while the evidence is reviewed, or the Vice-Chair Registrar or a Panel or Vice-Chair may refuse to accept the evidence or may adjourn the hearing.

Choose either Block K or Block L.

Block K

I have **no** new medical or other evidence.

Block L

I have **new medical evidence** that the Board did not have when it made its decision or that is not in the Case Record.

I have **other new evidence** that the Board did not have when it made its decision or that is not in the Case Record.

I have attached a copy of all new evidence that I intend to submit at the hearing.

If your evidence includes a report of a doctor or other expert that has been specifically prepared for your appeal, you must submit a copy of the curriculum vitae (qualifications) of the doctor or expert and a copy of the letter sent to the doctor or expert requesting the report.

I have also attached a copy of any letters I sent requesting these reports and the curriculum vitae (qualifications) of the doctor or expert.

Witnesses

You must provide information about all your witnesses on this form. You will not be allowed to call any witnesses who are not listed here without the permission of the Vice-Chair Registrar, or the Panel or Vice-Chair hearing the appeal. The Panel or Vice-Chair may adjourn your hearing or may not allow the witnesses to testify, if you ask to call new witnesses at the hearing.

It is NOT the Tribunal's usual practice to call a doctor as a witness. In most cases a report from the doctor is sufficient. The Tribunal does NOT pay for medical witnesses called by parties or medical reports submitted by parties unless the Vice-Chair Registrar, or a Panel or Vice-Chair, orders this.

I am the worker, I understand that I am expected to testify at my appeal.

Choose either Block M or Block N.

Block M

I will be the only witness to testify at the hearing.

Block N

I plan to have witnesses, other than myself, testify at the hearing.

Witness Name:

What this witness is expected to say:

There are more witnesses than can be listed in this space. I have attached a list of additional witnesses and what each witness is expected to say.

Summons

If you think you need a summons, you must request it on this form. If you request the summons later, the Tribunal may not be able to serve it before the hearing. In accordance with the Tribunal's Practice Direction on Summonses, you must attach a letter explaining why a summons is needed for witnesses and why their testimony is necessary for the appeal.

A summons will not be issued for a doctor or expert witness without an order from the Vice-Chair Registrar or from a Panel or Vice-Chair.

Choose either Block O or Block P.

Block O

I do not require a summons for my witness(es).

Block P

I request a summons for my witness(es).

Witness No. 1 Name

Witness No. 2 Name

Witness No. 3 Name

I have attached a letter explaining my request for summons for each of these witnesses and why the testimony of each is necessary for the appeal.

New Representative

Please choose either **Block Q** or **Block R**.

Block Q

- I understand that I must tell the Tribunal promptly if I change my representative or obtain a representative or if a representative stops representing me.
- I understand that if my new representative is not ready to proceed with my appeal and if I have not yet agreed to a hearing date, I may ask that my appeal be placed in inactive status until my new representative is ready.
- I understand that any new representative should be ready and available to proceed on any hearing date that I or my prior representative have already agreed to.

Block R

- I am the representative. I have advised the appellant of their obligations regarding representation during the course of this appeal.

Certification

I certify that *all* issues under appeal remain as identified on the Notice of Appeal form.

I certify that I have provided the participating respondent(s) with a copy of this completed form and the attachments.

- Attached is proof of service (for example: *fax cover sheet or courier slip*)

I certify that I have read the Appeal Procedures and am ready to proceed with this appeal.

Date (dd/mm/yy)	Signature of Appellant or Representative
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NOTICE: The information on this form is collected for the purpose of an appeal under the *Workplace Safety and Insurance Act, 1997*, S.O. 1997, c. 16, Schedule A. In some cases, it may be necessary for the Tribunal to collect additional information before the Tribunal can properly determine the appeal. All information is collected pursuant to the *Workplace Safety and Insurance Act, 1997*, sections 102, 123(1), 124(1), 129, 132 and 134. Questions about the collection of information should be directed to: **Workplace Safety and Insurance Appeals Tribunal, 505 University Avenue, Toronto ON M5G 2P2 (416) 314-8800**