



Workplace Safety and Insurance Appeals Tribunal
505 University Avenue 7th Floor
Toronto, ON M5G 2P2
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TTY: (416)314-1787
Toll-free within Ontario: 1-888-618-8846
Web Site: www.wsiat.on.ca

Respondent's Confirmation of Appeal

WSIAT Number:

Please upload this form and all requested attachments.

RESPONDENT INFORMATION

Firm Name or Last Name: _____ First Name _____ Contact Name (if Employer Applicant) _____

Name of appellant: _____

HEARING

I want my appeal to be heard in: ☐ English ☐ French

If "yes", in what language
and dialect? _____

I need an interpreter for the hearing: ☐ Yes ☐ No

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 ☐ 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 ☐ 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 ☐ I wish to have my appeal dealt with in the ADR stream.

BLOCK D ☐ I do not wish to have my appeal dealt with in the ADR stream.

EVIDENCE

You must submit all new evidence with this form. This replaces the Tribunal's former requirement for parties to submit evidence at least three weeks before the hearing. Parties 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. **Choose either Block E or Block F.**

BLOCK E	I have no new medical or other evidence.
BLOCK F	<p>I have new medical evidence that the Board did not have when it made its decision or that is not in the Case Record.</p> <p>I have other new evidence that the Board did not have when it made its decision or that is not in the Case Record.</p> <p>I have uploaded a copy of all new evidence that I intend to submit at the hearing.</p> <p>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.</p> <p>I have also uploaded a copy of any letters I sent requesting these reports and the curriculum vitae (qualifications) of the doctor or expert.</p>

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.

BLOCK G	I plan to have witnesses testify at the hearing.
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Witness Name: _____

What this witness is expected to say:

There are more witnesses than can be listed in this space. I have uploaded 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 H or Block I.

BLOCK H

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

BLOCK I

- ☐ I do require a summons for my witness(es).

Witness No. 1 Name: _____

Witness No. 2 Name: _____

Witness No. 3 Name: _____

I have uploaded 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 J or Block K.

BLOCK J

- ☐ 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 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 K

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

CERTIFICATION

I certify that all issues under appeal remain as identified on the Response Form.

I certify that I have provided the appellant with a copy of this completed form and the attachments.

Proof of service has been uploaded (for example: *fax cover sheet or courier slip*)

Signature: _____ (Please type your first and last name)

Date _____ (dd/mm/yyyy) ☐ By checking this box, I understand and agree that my typewritten name and date represent my legal signature

Notice: Information on this form is collected to be utilized in proceedings before the Workplace Safety and Insurance Appeals Tribunal (WSIAT). All information is collected pursuant to the *Workplace Safety and Insurance Act, 1997*, S.O. 1997, c. 16, as amended and will be included in the WSIAT file and provided to the WSIB when the file is returned to the WSIB. This information will only be utilized for workplace safety and insurance purposes. Questions about the collection of information should be directed to the Records Management Coordinator at the WSIAT by calling 416-314-8800 or 1-888-618-8846 (toll-free), or 416-314-1787 (TTY).