



Workplace Safety and Insurance Appeals Tribunal
505 University Avenue 7th Floor
Toronto, ON M5G 2P2
Tel: (416)314-8800; Fax: (416)326-5164
TTY: (416)314-1787
Toll-free within Ontario: 1-888-618-8846
Web Site: www.wsiat.on.ca

Confirmation of Appeal for Workers

WSIAT Name: _____

WSIAT Number: _____

1. HEARING INFORMATION

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

I need an interpreter for the hearing: ☐ No ☐ Yes If yes, in what language and dialect? _____

2. MEDIATION

The Tribunal offers mediation services for suitable appeals. The aim of mediation is to explore ways of resolving appeals without holding a full oral hearing. Please tell us if you are interested in the Tribunal's mediation services for this appeal.

I want to try to resolve my appeal through mediation: ☐ No ☐ Yes

3. CONTINUING ACTIVITY AT THE WORKPLACE SAFETY AND INSURANCE BOARD

The Tribunal does not receive regular updates of information of your Board files. Therefore, you must tell us if you are continuing to pursue other issues or other appeals at the Board. Failure to do so may delay this appeal or cause the hearing to be adjourned.

I have other issues, benefits, or appeals to complete at the Board: ☐ No ☐ Yes

If yes, what are the outstanding issue(s) at the Board?

4. EVIDENCE

Before completing this section of the form, please review the Case Record and Addendum provided. If you have any additional documents that you want to use at the hearing, you must e-file them along with this form. Please choose and complete either Block A or B.

Block A ☐ I have no additional documents to submit for this appeal.

Block B ☐ I have uploaded additional documents for my appeal. They include:

- ☐ New medical evidence.
- ☐ A report of an expert that was specifically prepared for this appeal.

If a report of an expert is uploaded, I have also uploaded:

- ☐ A copy of the letter sent to the expert requesting this report.
- ☐ A copy of the expert's *curriculum vitae* (qualifications).

- ☐ I have some new evidence but it is not yet available. I will provide it/send it to the Tribunal (and submit it to the employer) as soon as I receive it.

Please note that the Tribunal considers evidence provided **less than three weeks before the hearing date to be late**. The Tribunal **does not** place late evidence before the hearing panel. If you submit new evidence at the hearing, the hearing panel may refuse to consider it, or adjourn the hearing.

5. WITNESSES

☐ I understand that the worker will be expected to testify at the hearing.

You must provide a list of all other witnesses you intend to have at the hearing.

Please note that expert witnesses testify very rarely at the Tribunal; their written reports are usually sufficient.

I plan to have witnesses testify at the hearing: ☐ Yes ☐ No (if no, please skip to section 7).

You must also submit a summary of the evidence each witness will give at the hearing (their "will say" statement).

Witness Name: _____

The witness will say:

☐ I have uploaded a list of additional witnesses and what each is expected to say.

6. SUMMONS

If you believe that you will need a summons for any of your witnesses, you should request it on this form so that there is adequate time to serve it before the hearing. The Tribunal reviews all summons requests to determine whether a summons will be issued.

Please choose and complete either Block C or Block D.

Block C

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

Block D

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

Witness name: _____

Witness name: _____

Witness name: _____

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

7. CERTIFICATION

I certify that all issues under appeal remain as identified on my Notice of Appeal form(s).

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

☐ I have uploaded proof of service (for example: a fax confirmation 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).