



**Workplace Safety and Insurance Appeals Tribunal**  
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# Readiness Form

**Case Name:** \_\_\_\_\_

**WSIAT No.:**

**WSIB No.:**

I am now ready to proceed with my appeal at the Tribunal.

Please order my claim file(s) from the Board and prepare the Case Record for my appeal.

I understand that when I receive my Case Record, I will be required to complete a Confirmation of Appeal form in which I will provide the Tribunal with the following information:

- any continuing activity at the Workplace Safety and Insurance Board;
- any new evidence;
- a list of witnesses I intend to have testify at the hearing;
- a summary of the evidence my witnesses will give at the hearing; and
- summons information for the witnesses who will testify at the hearing.

dd / mm / yyyy

Signature: \_\_\_\_\_

**Date**

NOTICE: Information on this form is collected for the purpose of proceedings with respect to 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 related to the matter. All information is collected pursuant to the *Workplace Safety and Insurance Act, 1997*, sections 102, 123, 124, 129, 132 and 134. Questions about the collection of information should be directed to the Privacy Coordinator, Workplace Safety and Insurance Appeals Tribunal, 505 University Ave., Toronto, Ontario M5G 2P2 (416) 314-8800.