



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.

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).