



Workplace Safety and Insurance Appeals Tribunal
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 TTY: (416)314-1787
 Toll-free within Ontario: 1-888-618-8846
 Web Site: www.wsiat.on.ca

WSIAT Request Form for Transcripts of Recorded Hearings

* Please read the below instructions before completing form.

dd / mm / yyyy

Case Name: _____

Hearing Date:

WSIAT File No.

Hearing Location: _____

Which part do you want transcribed? Whole Testimony of

dd / mm / yyyy

Name

Date transcript required:

PARTY REQUESTING TRANSCRIPT

- Worker Worker's Representative Employer Employer's Representative
 Other: _____

Name: _____

Telephone No.: _____

 Street City Province Postal Code

INSTRUCTIONS

1. This form is to be used by parties to recorded Tribunal proceedings only. Transcripts are released on condition that they are used for workplace safety and insurance purposes only. Authorized representatives and employers must keep them confidential. Workers must keep third party information confidential.
2. Requests for transcripts for purposes other than as identified above must be made under the *Freedom of Information and Protection of Privacy Act*.
3. An independent transcription service is used to transcribe Tribunal proceedings. Once the Tribunal receives the completed and signed Request Form, arrangements will be made to have the transcription completed.
4. Transcription rates vary according to the timeliness of the request, but a common rate for a transcript is approximately \$6.00 per page. Please note that there is no way for the Tribunal to provide an estimated cost for this service, however, transcripts often run hundreds of pages and can be costly. The transcription process typically takes three weeks. **The Tribunal will invoice you and payment must be made in full before the transcript is released.**
5. For further information, please contact Laurel Stephens, Senior Records Clerk, at 416-314-9079 or toll free (within Ontario) at 1-888-618-8846.

REQUESTER'S AGREEMENT

I agree to keep the transcript confidential as outlined above. The transcript will be used by the undersigned party and/or the party's authorized representative for workplace safety and insurance purposes only. I agree to pay the costs of transcription as charged by the independent transcription service.

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).