



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 submit them with this form. Please choose and complete either Block A or B.

Block A	<input type="radio"/> I have no additional documents to submit for this appeal.
Block B	<input type="radio"/> I have enclosed some additional documents for my appeal. The enclosed documents include: <ul style="list-style-type: none"> <input type="checkbox"/> New medical evidence. <input type="checkbox"/> Other new evidence. <input type="checkbox"/> A report of an expert that was specifically prepared for this appeal. I have also enclosed: <ul style="list-style-type: none"> <input type="checkbox"/> A copy of the letter sent to the expert requesting this report. <input type="checkbox"/> A copy of the expert's <i>curriculum vitae</i> (qualifications). <input type="checkbox"/> I have some new evidence but it is not yet available. I will submit it to the Tribunal (and 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 submit 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 provide a summary of the evidence each witness will give at the hearing (their "will say" statement).

Witness Name: _____

The witness will say:

I have attached 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 <input type="radio"/> I do not require a summons for my witness(es).
Block D <input type="radio"/> I require a summons for my witness(es). Witness name: _____ Witness name: _____ Witness name: _____ <input type="checkbox"/> I have attached 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.

Attached is proof of service (for example: a fax confirmation sheet or courier slip).

Signature of Appellant or Representative

dd / mm / yyyy

Date:

(Please print name)

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.