



## Hearing Ready Form for Oral Hearings

(Ce document est aussi disponible en français)

### Instructions

1. Review the case materials and Issues on Appeal Letter.
2. Review our Practice Directions #4 – How to Prepare an Appeal at the WSIAT and #8 – Disclosure.
3. Fill out and sign this form to
  - submit your evidence.
  - confirm you are ready for us to schedule the oral hearing.
4. Send us this form within **4 weeks** of the date of the Issues on Appeal Letter.

Call us if you have questions about this form. Our Call Centre is open Monday to Friday 8:30 a.m. to 5:00 p.m.

Call Centre	416-314-8800
Toll-free in Ontario	1-888-618-8846
TTY	416-314-1787

1. Appeal Information	
Case Name	
WSIAT #	
2. Evidence	
Please check one.	<input type="checkbox"/> I reviewed the case materials for this appeal and have <b>no new evidence</b> .
	<input type="checkbox"/> I reviewed the case materials for this appeal and included new evidence.

### 3. Appeal Outline

I read the Issues on Appeal Letter and confirm that the issues have been captured correctly. I have no other issues to raise.

Yes

No – please clarify below.

I am **not** pursuing any other issues at the Workplace Safety and Insurance Board (WSIB) or in another proceeding.

I am pursuing other issues but they're not related to the issues in this appeal – please list the issues including the WSIB claim number if applicable.

Tell us how the law, policy or legal precedents apply to this appeal.

## Key Evidence

List the key evidence in your case and how it proves or supports your position.

<b>Document Date, Title and Author</b>	<b>Page References (if available)</b>	<b>Why is it Important?</b>
Jan 5 2021 Functional Abilities Dr. Smith	Case Record p. 256	This report outlines my physical restrictions at that time.

I included additional information on separate pages.

#### 4. Witnesses

Workers are expected to attend the hearing and provide testimony.

A person from the participating employer may also attend the hearing and provide testimony.

Please describe what the worker or employer will say.

Please confirm if you have any other witnesses – check one.

I have **no** additional witnesses.

I plan to have the following additional witnesses testify at the hearing.

#### Witness

Name

Please describe what the witness will say.

They require an interpreter for the hearing.  Yes  No

If yes, in this language \_\_\_\_\_ and in this dialect \_\_\_\_\_

Do they require a summons?

Yes  No

If yes, please describe why below.

I attached additional witness information on separate page(s).

## 5. Service to Another Party

Please check option 1, 2, or 3. Add dates as needed.

### Option 1 – Not Participating

- The respondent is **not** participating in this appeal so service is not needed.

### Option 2 – Appellant

- I'm the appellant / appellant representative. I sent the following to the participating respondent or their representative
- a. this form
  - b. any new evidence
  - c. any submissions

Date sent

(dd/mm/yyyy)

### Option 3 – Respondent

- I'm the respondent / respondent representative. I sent the following to the appellant or their representative
- a. this form
  - b. any new evidence
  - c. any submissions

Date sent

(dd/mm/yyyy)

## 6. Certification

- I confirm that the above information is correct. I believe that this appeal is ready for the oral hearing.

I am (choose one)

- the worker.
- the worker's representative.
- the employer.
- the employer's contact representative.
- other – please explain \_\_\_\_\_

## 6. Certification (continued)

Signature  
(If filing electronically, type your first and last names.)

Date  
(dd/mm/yyyy)

When you file electronically, typing your name and dating this form represents your signature. Check the box to confirm you understand and agree to this.

## 7. How to send us this form

Fill out, sign, and send us a copy of this form by E-file or mail.

E-File [www.wsiat.on.ca](http://www.wsiat.on.ca) under the E-File tab

Mail Workplace Safety and Insurance Appeals Tribunal  
505 University Avenue, 5th floor  
Toronto ON M5G 2P2

### Accessibility

The WSIAT is committed to providing an environment that is inclusive and accessible to all people. If you need an accommodation, please write to us with the details of your request.

### Collection, Use and Disclosure of Personal Information

Information on this form is collected for the proceedings of the Workplace Safety and Insurance Appeals Tribunal (WSIAT). All information is collected in line with the *Workplace Safety and Insurance Act, 1997*. It will be included in the WSIAT file and shared with parties of record of the appeal. This information will only be used for workplace safety and insurance purposes. Questions about the collection of information should be directed to the Freedom of Information and Privacy Coordinator at the WSIAT by calling 416-314-8800 or 1-888-618-8846 (toll-free), or 416-314-1787 (TTY).