



Agreed Statement of Facts

(Right to Sue – section 31 of the *Workplace Safety and Insurance Act, 1997*)

(Ce document est aussi disponible en français)

Instructions

This form can be used in right to sue applications. It's used when there are facts related to the issue(s) that the parties agree on.

An Agreed Statement of Facts can help narrow the issues in the application. It increases the efficiency of the hearing. It reduces the number of witnesses that need to be called. It also reduces the evidence that needs to be presented.

The Agreed Statement of Facts must be signed by all parties participating in the application. It must be submitted to us as soon as possible. It must be submitted no later than 3 weeks before the hearing date.

1. Applicant Information

Case Name

WSIAT#

2. Agreed Facts

We are the parties in this right to sue application.

We are providing this Agreed Statement of Facts for your consideration to determine the following issue(s). (Please list the issues to be determined.)

We agree on the following facts. (Please list the agreed upon facts below in numbered paragraphs.)

2. Agreed Facts (continued)

We've attached additional information on separate page(s).

3. Certification

We agree on the facts above. We understand that the Vice-Chair or Panel does not have to accept these facts. They might want to hear evidence about these facts.

Applicant or Applicant's Representative's Signature

Date (dd/mm/yyyy)

I am filing this form electronically. This represents my signature.

Respondent or Respondent's Representative's Signature

Date (dd/mm/yyyy)

I am filing this form electronically. This represents my signature.

**Interested Party or Interested Party's
Representative's Signature**

Date (dd/mm/yyyy)

I am filing this form electronically. This represents my signature.

**Interested Party or Interested Party's
Representative's Signature**

Date (dd/mm/yyyy)

I am filing this form electronically. This represents my signature.

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 application. 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).