



**Draft Order and Consent**

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

(Ce document est aussi disponible en français)

**Instructions**

This form is used in right to sue applications. It's used when the parties have settled the matter but want a decision from us about issues raised in the application.

The Draft Order and Consent must be signed by all parties participating in the right to sue application. It must be submitted to us.

**1. Applicant Information**

Case Name

WSIAT #

**2. Agreed Facts**

We are the parties in this right to sue application.

We are providing this Draft Order and Consent. We are asking for the following determination from the WSIAT (please outline the order requested in numbered paragraphs).

## 2. Agreed Facts (continued)

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

## 3. Certification

We agree to the Order above. We understand that the Vice-Chair or Panel does not have to accept the Order. They may want to hear evidence and/or submissions about the application.

**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).