



**Workplace Safety and Insurance Appeals Tribunal**  
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# Agreed Statement of Facts

(General)

This form is intended to be used in two party appeals where there are facts related to the issue(s) on appeal that both parties agree on.

An Agreed Statement of Facts can narrow the issues on appeal and/or increase the efficiency of the hearing by reducing the number of witnesses that need to be called or the evidence that needs to be presented.

The Agreed Statement of Facts must be signed by both parties and submitted to the WSIAT.

**Workplace Safety and Insurance Appeals Tribunal (WSIAT) #:**

**Case Name:**

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## 1. AGREED FACTS

We are the appellant and respondent in this appeal.

We are providing this Agreed Statement of Facts for the WSIAT's consideration in determining the issue(s) of:

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We agree on the following facts (please list the agreed upon facts below in numbered paragraphs):



We needed more room to explain, so we uploaded additional pages to accompany this form.

## 2. CERTIFICATION

We agree on the facts as set out above. We understand that the Vice-Chair or Panel does not have to accept these facts and may wish to hear evidence regarding these facts.

### Appellant's Signature:

\_\_\_\_\_  
Signature

Date (dd/mm/yyyy): \_\_\_\_\_

(Please type your first and last name)

*By checking this box, I understand and agree that my typewritten name and date represent my legal signature*

### Appellant Representative's Signature:

\_\_\_\_\_  
Signature

Date (dd/mm/yyyy): \_\_\_\_\_

(Please type your first and last name)

*By checking this box, I understand and agree that my typewritten name and date represent my legal signature*

### Respondent's Signature:

\_\_\_\_\_  
Signature

Date (dd/mm/yyyy): \_\_\_\_\_

(Please type your first and last name)

*By checking this box, I understand and agree that my typewritten name and date represent my legal signature*

### Respondent Representative's Signature:

\_\_\_\_\_  
Signature

Date (dd/mm/yyyy): \_\_\_\_\_

(Please type your first and last name)

*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).