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## Nova Scotia Workers' Compensation Appeals Tribunal

1 800 274-8281 (toll free)  
902 424-2250 t  
902 424-2321 f  
novascotia.ca/wcat

### EMPLOYER NOTICE OF INTENTION TO PARTICIPATE

**Worker Name:** Enter text.

**WCAT No.** Enter text.

**WCB Claim No.** Enter text.

If you wish to participate in the worker's appeal of the Hearing Officer decision, you must notify WCAT of your intention by the deadline set out in the letter accompanying this form. Please read this form carefully. If you have any questions or concerns, please contact WCAT.

**If you do not return a completed Notice of Intention to Participate by the date set by WCAT, WCAT will assume that you do not wish to participate in the appeal. The appeal will be resolved without further notice to you, but you will receive a copy of the appeal decision.**

**By indicating that you wish to participate**, you will be entitled to receive copies of all relevant documents and correspondence in the appeal, and will be notified by WCAT of any procedural matters which may arise during the course of the appeal. You will also have the opportunity to make written submissions, tender evidence and, if WCAT holds an oral hearing, attend and give evidence or observe the hearing. If you indicate that you wish to participate and later decide that you do not wish to participate, please let us know.

**By indicating that you do not wish to participate**, you are giving up your right to take part in the appeal. WCAT will resolve the appeal without further notice to you. You will not be offered any opportunity to provide submissions/evidence or to receive the submissions/evidence provided to WCAT by the other participants. You will receive a copy of the decision of WCAT resolving the appeal. You will also have the right to participate in future appeals before WCAT.

**Yes, the employer will participate in the worker's appeal.**

**No, the employer will not participate in the worker's appeal.**

\_\_\_\_\_  
Name and Title (*Please Print*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Fax No.

\_\_\_\_\_  
Civic address

### MUST BE COMPLETED

**Please check boxes indicating you have copied this form to the following:**

- WCB Legal Dept. (Madeleine Hearn, WCB Legal Counsel, fax: 902-491-8916)
- WCAT (Registrar, via fax: 902-424-2321)
- Worker's Representative (if representative is the Workers' Advisers Program, via fax: 902-424-0530)

