



1465 Brenton Street  
Suite 201  
Halifax, Nova Scotia  
B3J 3T4

# Nova Scotia Workers' Compensation Appeals Tribunal

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

## Notice of Appeal

This Notice of Appeal **must** be received by the Tribunal and forwarded to your Employer, or in the case of an Employer appeal, to the Worker, within 30 days of your being notified of the Hearing Officer's decision.

<b>CHECK ONE:</b>	<input type="checkbox"/> Worker Appeal	<input type="checkbox"/> Employer Appeal	<input type="checkbox"/> Assessment Appeal
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### Worker

Worker's Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Claim Number(s) on Hearing Officer's decision: *(list all numbers)* \_\_\_\_\_

### Employer

Employer Name: \_\_\_\_\_

Employer Contact Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Employer Firm No & Division: \_\_\_\_\_

### Representative

Will you represent yourself in this appeal? **CHECK ONE:**  YES  NO

Representative: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Appeal

Date of WCB Hearing Officer's Decision: [day] \_\_\_\_\_ day of [month]\_\_\_\_\_, [year]\_\_\_\_\_.

Issues you are appealing, and compensation/benefits or relief requested (*attach separate page if necessary*):

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## Appeal Readiness

Are you ready to proceed with your appeal? **CHECK ONE:**  YES  NO

If no, you **must** be ready to proceed with your appeal within six months.

## Evidence

Do you plan to bring evidence to the Appeals Tribunal which was not previously presented to the Hearing Officer?

**CHECK ONE:**  YES  NO

If you are waiting for additional evidence, please list and advise a date by which you expect to receive it.

### Evidence Description

### Date Expected

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

## Mode of Hearing

Proceeding by **written submissions** means that you will not appear before the Appeals Tribunal and the Appeal Commissioner(s) will decide the appeal after reviewing the WCB claim file(s) and any written submissions/evidence which may be provided by the participants.

An **oral hearing** means that you will present oral evidence and reasoning to an Appeal Commissioner(s). Oral hearings can be held by telephone, video or in-person at various locations throughout the Province.

**CHECK YOUR PREFERENCE:**  Written Submissions  Oral Hearing

The mode of hearing will be decided by the Tribunal once the appeal is ready to be scheduled.

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**Date**

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**Signature of Worker, Employer or Representative**