



Workers' Compensation Appeals Tribunal (WCAT)

Suite 1002, 5670 Spring Garden Road
PO Box 893, Halifax NS B3J 1H6
Toll Free in N.S. 1-800-274-8281
Tel: 902-424-2250 Fax: 902-424-2321
www.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.

| | | | |
|-------------------|--|--|--|
| CHECK ONE: | <input type="checkbox"/> Worker Appeal | <input type="checkbox"/> Employer Appeal | <input type="checkbox"/> Assessment Appeal |
|-------------------|--|--|--|

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: _____



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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*);

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 appear before an Appeal Commissioner(s) to present oral evidence and submissions. Oral hearings can be held 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.

Date

Signature of Worker, Employer or Representative