



**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

Appellant: _____ WCAT # _____

Participants entitled to respond to this appeal:

and

The Workers' Compensation Board of Nova Scotia

Order for Production

(Section 178(1)(b) of the *Workers' Compensation Act*)

TO: _____

TAKE NOTICE that you are required to produce a true and complete copy of all of the documentation, *[specify documents here]*, _____
to the offices of the Nova Scotia Workers' Compensation Appeals Tribunal, 5670 Spring Garden Road, Suite 1002, Halifax, Nova Scotia, B3J 1H6 (or to hearing location, etc.), on or before *[date]* _____.

Failure by you without adequate excuse to obey this order for production may result in your being found guilty of contempt and subject to punishment in accordance with section 178 of the *Workers' Compensation Act* and section 5 of the *Public Inquiries Act*.

ISSUED at Halifax, Nova Scotia this *[day]* _____ day of *[month]*, _____ *[year]* _____.

Appeal Commissioner or Registrar
Workers' Compensation Appeals Tribunal

COPY TO: _____



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Endorsement

Received on this *[day]* _____ day of *[month]*, _____ *[year]* _____.

This Order for Production, annexed hereon, was served by me *[name]* _____, of

at _____, Nova Scotia, on the *[day]* _____ day of *[month]*, _____
[year] _____, before the hour of _____ o'clock in the _____ noon.

Endorsed on this *[day]* _____ day of *[month]*, _____ *[year]* _____.

Signed: _____

Address: _____