



**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 Section 29 Application

Applicant's Name: _____

Representative & Firm Name: _____

Telephone number: _____ Fax number: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Representative & Firm Name: _____

Supreme Court Reference Number: _____

Has a workers' compensation claim been filed as a result of the accident/injury? Check One: YES NO

If yes, please indicate the relevant claim number(s): _____

Respondents, Other Potential Participants & Representatives (attach additional sheets if necessary)

1. Name: _____

Representative & Firm Name: _____

Telephone number: _____ Fax number: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

2. Name: _____

Representative & Firm Name: _____

Telephone number: _____ Fax number: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

3. Name: _____

Representative & Firm Name: _____

Telephone number: _____ Fax number: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____



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Facts & Issues

Date of Personal Injury: _____

Location of Accident: _____

Other person(s) involved: _____

Description of how injury occurred: _____

Residency of participants: _____

Factual and legal issues on this application (including Policy, Legislation or Regulations):

What questions do you want the Tribunal to decide: _____

Has a trial date been set? YES NO Date if set: : _____

Mode of Hearing Requested

Mode of Hearing Requested (Check one) Oral Hearing Written Submission

Note: If you do not indicate your preference, the Tribunal will assume that you wish to proceed by written submission.

Proceeding by **written submission** means that you will not appear before the 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 will be held in various centres throughout the Province.

Reasons for Requesting Mode of Hearing: _____

Date: _____

Signature of Applicant or Representative: _____