

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 SECTION 29 APPLICATION						
Applicant's Name		Representative & Firm Name				
Telephone number Fax number		Supreme Court Reference Number:				
Street Address City, Province Postal Code						
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, Oth	er Potential Participants & F	Representatives (attach ad	dditional sheets if necessary)			
Name		Representative & Firm Name				
Telephone Number		Fax Number				
Street Address City, Province Postal Code						
Name		Representative & Firm Name				
Telephone Number		Fax Number				
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Name			Representative & Name	Firm		
Telephone Number			Fax Number			
Street Address City, Province Postal Code						
		FACT	S & 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?	Check One	□ YES	□ NO	Date if set	:	



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MODE OF HEARING REQUESTED						
Mode of Hearing Requested	Check One □ Oral H Note: If you do not indicate your p submission.	3	itten Submission sume that you wish to proceed by written			
	Proceeding by <u>written submission</u> 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 <u>oral hearing</u> means that you will present oral evidence and reasoning before an Appeal Commissioner(s). Oral hearings can be held by telephone, video or in-person at various locations throughout the Province.					
Reasons for Requesting Mode of Hearing						
Date		Signature of Applicant or Representative				