



**Workers' Compensation
Appeals Tribunal (Tribunal)**

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.gov.ns.ca/wcat

Employer Notice of Intention to Participate

Re: Worker Name: _____ Tribunal No: _____

WCB Claim No.(s) _____

Participation

If you wish to participate in the worker's appeal of the hearing officer decision, you must notify the Tribunal of your intention by the deadline set out in the letter accompanying this form. Please read this form carefully. If you have any questions or concerns, please contact the Tribunal.

If you do not return a completed Notice of Intention to Participate by the date set by the Tribunal, we will assume that you do not wish to participate in the appeal. The appeal will be resolved without further notice to you, but you will receive a copy of the appeal decision.

By indicating that you wish to participate, you will be entitled to receive copies of all relevant documents and correspondence in the appeal, and will be notified by the Tribunal of any procedural matters which may arise during the course of the appeal. You will also have the opportunity to make written submissions, tender evidence and, if the Tribunal holds an oral hearing, attend and give evidence or observe the hearing. If you indicate that you wish to participate and later decide that you do not wish to participate, please let us know.

By indicating that you do not wish to participate, you are indicating that you do not wish to be kept involved in the progress of the appeal. The Tribunal will resolve the appeal without further notice to you. You will not be offered any opportunity to provide submissions/evidence or to receive the submissions/evidence provided to the Tribunal by the other participants. You will receive a copy of the decision of the Tribunal resolving the appeal. At any time you may change your status to participate in the appeal.

Yes, the employer will participate in the worker's appeal.

No, the employer will not to participate in the worker's appeal.

Name and Title (Please Print) _____ Date _____ Signature _____

Address _____ Telephone No **MUST BE COMPLETED** Fax No. _____

Please check boxes indicating you have copied this form to the following:

- Copy sent to the WCB Legal Department (c/o: Madeleine Hearn, WCB Legal Counsel, fax: 491-8916)
- Copy sent to the Tribunal (c/o: Registrar - Leanne Rodwell Hayes, via fax: 424-2321)
- Copy sent to the Workers' Representative
(Workers' Advisers Program can be reached via fax: 424-0530)



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Objection to Mode of Hearing

If you object to the mode of hearing for this appeal, please note your objection and provide your reasons for preferring another mode of hearing, in the space below. If you require more space please continue on reverse.
