



**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.gov.ns.ca/wcat](http://www.gov.ns.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  <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please indicate the relevant claim number(s):	

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

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?	Check One <input type="checkbox"/> YES <input type="checkbox"/> NO    Date if set:



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MODE OF HEARING REQUESTED			
Mode of Hearing Requested	Check One <input type="checkbox"/> Oral Hearing <input type="checkbox"/> Written Submission <i>Note: If you do not indicate your preference, the Tribunal will assume that you wish to proceed by written submission.</i>  Proceeding by <b>written submission</b> 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 <b>oral hearing</b> 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	