

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

NOTICE OF APPEAL

The Notice of Appeal <u>must</u> be received by the Tribunal and forwarded to your Employer, or to the Worker, within 30 days of your being notified of the Hearing Officer's decision.

Check One	Worker Appeal □	Employer Appeal	Assessment Appeal				
WORKER							
Worker's Name		Telephone Number					
Street Address City, Province Postal Code							
Claim Number(s) on Hearing Officer's decision: (list all numbers)							
EMPLOYER							
Employer Name		Employer Contact Name					
Telephone Number		Fax Number					
Street Address City, Province Postal Code		Employer Firm No. & Division					
REPRESENTATIVE							
Will you represent yourself in this appeal?	Check One □ YES □ NO	Representative & Firm Name					
Telephone Number		Fax Number					
Street Address City, Province Postal Code							



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APPEAL							
Date of WCB Hearing Officer's Decision							
Issues you are appealing and compensation / benefits or relief requested (attach separate page if necessary)							
APPEAL READINESS							
Are you ready to proceed to Check One	with your appeal? □ YES		□NO				
If yes, proceed to the next box. If no, you <u>must</u> be ready to proceed with your appeal within six months.							
	EV	/IDENCE					
Do you plan to bring evidence to the Appeals Tribunal which was not previously presented to the Hearing Officer?							
Check One	□ YES		□NO				
Evidence Descripti	al evidence please list and advise ion	a date by which y	ou expect to receive it. Date Expected				
2							
3							
4							



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MODE OF HEARING							
Check One	□ Oral Hearing	□ Written Submissions					
Note: If you do not indicate your preference, the Appeals Tribunal will assume that you wish to proceed by written submission.							
Proceeding by <u>written submission</u> means that you will not appear before the Appeals 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 appear before an Appeal Commissioner(s) to present oral evidence and submissions. Oral hearings will be held in various centres throughout the Province.							
Section 251 Referral							
Do you want the appeal referred back to the Hearing Officer under s.251?							
Check One	□ YES	□ NO					
If yes, attach a separate sheet outlining reasons why you believe the referral is appropriate. Each participant will be given an opportunity to make submissions on this matter.							
Date		Signature of Worker, Employer or Representative					