



## Certificate of Intention to Participate

### Appeal Information

Appellant's Name	Tribunal #	WSCC Claim #
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### Participant Information

First Name or name of organization/business	Last Name	
Address (Number and Street or Box Number)	Suite/Unit Number	
City/Community	Territory/Province	Postal Code
Home Telephone Number	Work Telephone Number	
Fax Number	Other Telephone Number	

### Representation (complete if you intend to participate)

First Name	Last Name	
Name of Company, Association or Organization		
Address (Number and Street or Box Number)	Suite/Unit Number	
City/Community	Territory/Province	Postal Code
Telephone Number		
Fax Number	Other Telephone Number	

**SEE OVER**

## Participation Choice

Check One	If you decide ...	You will receive ...
<input type="checkbox"/> I will participate in this appeal	to participate in this appeal, you must complete this form and return it to the Tribunal by the date set out in the letter that came with this form.	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.
<input type="checkbox"/> I will not participate in this appeal	not to participate, you are indicating that you do not wish to be kept involved in the progress of the appeal. The Tribunal will proceed with the appeal without further notice to you. You will not be offered any opportunity to provide submissions, evidence or to receive the submissions or evidence provided to the Tribunal by the other parties.	a copy of the Tribunal's decision.
<p><b>If you do not return a completed Certificate of Intention to Participate form by the date set by the Tribunal, it will be assumed that you do not wish to participate in the appeal. The appeal will proceed without further notice to you, but you will receive a copy of the appeal decision.</b></p>		

## Acknowledgement

Note: If your contact information changes, you must tell the Appeals Tribunal immediately.

I understand and agree on behalf of the party named above to the following conditions regarding the Tribunal's release of documents or records to the Party:

- a. the documents or records will be kept confidential and secure by the Party;
- b. the documents or records will be used by the Party to pursue or respond to the appeal only; and
- c. the Party will comply with any other conditions or restrictions the Tribunal may impose regarding the use and disclosure of the documents or records.

Signature (Please print and sign) \_\_\_\_\_

Date \_\_\_\_\_

Print name of person signing: \_\_\_\_\_

**Return this form to the Appeals Tribunal by:**



### IN PERSON

Suite 1002  
 10th Floor Precambrian Building  
 4920-52nd Street  
 Yellowknife, NT



### MAIL

NWT & NU Workers' Compensation  
 Appeals Tribunal  
 Suite 1002  
 10th Floor Precambrian Building  
 4920-52nd Street  
 Yellowknife, NT X1A 3T1



### FAX

(867) 766-4226  
 Toll-free 888-777-8166