

# **Certificate of Readiness to Proceed**

Appeal Information				
Appellant's Name	Tribunal #	WSCC Claim #		
Certificate of Readiness		-		
Check One I certify that I have reviewed all of the documents in the appeal package and				
The <b>Appeal Package</b> provided by the Appeals Tribunal in for the appeal at this time.	The <b>Appeal Package</b> provided by the Appeals Tribunal includes all the documents that I intend to rely on for the appeal at this time.			
The <b>Appeal Package</b> is not complete and I am submitting the additional documents listed on the attached form to be added to the Appeal Package.				
The Hearing				
I prefer to have the following type of hearing:				
Documents-only hearing <b>and</b> the documents are complete				
or  Documents-only hearing <b>and</b> a written submission is end	Documents-only hearing <b>and</b> a written submission is enclosed			
OR, one of the following				
☐ (In-person) Oral hearing in person ☐ (In-person) Video-conference hearing ☐ (In-person) Tele-conference hearing				
Who is Making this Certification				
☐ The Appellant ☐ A Representative for the Appellant				
Representation				
I will represent myself  I have a representative  I plan to get a  If you have a representative you must complete the information below  I appoint and authorize	Worke	ne represented by the rs' Advisor Office		
as my representative to act on my behalf in this appeal.				

Representation (complete only if you have a representative)		
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	
Appellant's Signature		
Appellant 5 Signature		
Signature (Please print and sign)	 	
Print name of person signing:		
Signature of Legal Representative		
Signature of Legal nepresentative		
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