

Section 63 Application

Applicant

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

I will represent myself

I have a representative

I plan to get 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	

If an Applicant's legal representative is filing this form, the "Representative" section of this form must be completed and the form signed by the Applicant.

Supreme Court (NT) or Court of Justice (NU) Reference #

Has a Workers' Compensation claim been filed as a result of the accident/injury?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes provide WSCC claim number(s)	<p>_____</p>

Respondents, Other Potential Parties, & Representatives

_____		_____	
First Name (or Company Name)		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 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
_____		_____	
Home Telephone Number			

Fax Number		Other Telephone Number	
_____		_____	

Respondents, Other Potential Parties, & Representatives

First Name (or Company Name)

Last Name

Address (Number and Street or Box Number)

Suite/Unit Number

City/Community

Territory/Province

Postal Code

Home Telephone Number

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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

The Hearing

Mode of Hearing Requested

- Written Submissions Oral Hearing (In-person)
- Oral Hearing (Video-conference) Oral Hearing (Tele-conference)

Note: If you do not indicate your preference, the Tribunal will assume that you wish to proceed by written submission.

Proceeding by **written submission** means that you will not appear before the Tribunal and the Tribunal Member(s) will decide the appeal after reviewing the WSCC claim file(s) and any written submissions/evidence which may be provided by the parties. An **oral hearing** means that you will appear before the Appeals Tribunal to present oral evidence and submissions. A video-conference or tele-conference hearing may be considered.

Facts & Issues

Date of Personal Injury

YY	MM	DD
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Location of Accident

Other person(s) involved

Description of how injury occurred

Factual and legal issues on this application (including Policy, Legislation or Regulations)

Has a trial date been set? Yes No

Date (if set)

YY	MM	DD
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Applicant's Signature

Signature (Please print and sign)

Date

Print name of person signing: _____

Signature of Legal Representative




Signature (Please print and sign)

Date

Print name of person signing: _____

Please include with this application, copies of all pleadings in the action and in any other action arising out of the same set of facts.

Return this form to the Appeals Tribunal by:

 <p>IN PERSON Suite 1002 10th Floor Precambrian Building 4920-52nd Street Yellowknife, NT</p>	 <p>MAIL NWT & NU Workers' Compensation Appeals Tribunal Suite 1002 10th Floor Precambrian Building 4920-52nd Street Yellowknife, NT X1A 3T1</p>	 <p>FAX (867) 766-4226 Toll-free 888-777-8166 (if less than 15 pages)</p>
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