

WCAT Workers' Compensation Appeal Tribunal

150 - 4600 Jacombs Road, Richmond, British Columbia, V6V 3B1
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Fax: (604) 664-7898 Website: www.wcat.bc.ca

NOTICE OF PARTICIPATION: Section 257 Determination and Certification to Court

To participate in the section 257 application you must sign and return this completed form to WCAT by <<Enter Field Code for due date>>. If we do not receive a response from you by this date, the application will proceed without your participation.

1. THE APPLICATION BEFORE WCAT

Name of Legal Action		
Court Registry and Registration #	WCAT Reference No.(s)	Date of Accident (YYYY-MM-DD)

2. WILL YOU BE PARTICIPATING IN THE APPLICATION?

If you participate, you will receive a copy of submissions and documents concerning this application and relevant claim information. You will be invited to make a written submission or attend an oral hearing if one is held. If you decide not to participate, WCAT will send you only a copy of our final decision on the application.

Yes, I will participate No, I do not want to participate

3. INFORMATION ABOUT YOU

You must tell us about any changes in this information, or the application may proceed without your participation.

Name (Company/Organization/Individual)		Contact Person and Title/Position (if relevant)	
Mailing Address		WorkSafeBC File/Firm # (if known)	
City/Town		Province	Postal Code
Telephone (Daytime) ()	Telephone (Other) ()	Fax Number ()	

4. REPRESENTATION

You may appoint on person or an organization to represent you or choose to represent yourself. Please indicate your choice below.

Will you be representing yourself? <input type="checkbox"/> Yes (go to next section) <input type="checkbox"/> No (please choose one of the following):			
<input type="checkbox"/> I want to appoint an organization as my representative	Name of Organization	Contact Person and Title/Position (if relevant)	
<input type="checkbox"/> I want to appoint one person to represent me	Name	Relationship (eg. family member/friend)	<input type="checkbox"/> Mr. or <input type="checkbox"/> Ms.
Mailing Address	City/Town	Province	Postal Code
Telephone (Daytime) ()	Telephone (Other) ()	Fax Number ()	
An <i>Authorization of Representative</i> form can be found on our website (www.wcat.bc.ca).			
For representative: An authorization less than 2 years old is enclosed. <input type="checkbox"/>			

5. CERTIFICATION AND AUTHORIZATION

I confirm the information on this form is correct and complete. I authorize disclosure of information relating to this section 257 application to my representative named above and to the other parties to this application for the purposes of this application and as allowed under section 260 of the *Workers Compensation Act*.

Signature of interested party or authorized representative X	Date Signed: (YYYY-MM-DD)
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Personal information on this form is collected for the processing and adjudication of a WCAT matter under the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further privacy information, please contact WCAT's Freedom of Information Coordinator at the address or telephone number on the top of this form.