

150 - 4600 Jacombs Road, Richmond, British Columbia, V6V 3B1

Telephone: (604) 664-7800 Toll free: 1-800-663-2782 Fax: (604) 664-7898 Website: www.wcat.bc.ca

The court or any party to a legal action may request a certificate under section 257 of the *Workers Compensation Act* any time after the legal action has been commenced. You can find further information about section 257 determinations on our website (www.wcat.bc.ca) in the *Legal Action Guide (Section 257 Certificate)* and Chapter 18 of WCAT's *Manual of Rules of Practice and Procedure*.

WCAT requires the following information in order to proceed with your application. Submit completed applications to WCAT at the above address.

Name of Legal Action	Court Registry and Registration #	Date of Accident (YYYY-MM-DD)
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1. PROVIDE YOUR INFORMATION

To keep your application active you must tell us about changes in this information.

Name		Firm Name (if applicable)	
Mailing Address	City/Town	Province	Postal Code
Telephone (Daytime) ()	Telephone (Other) ()	Fax Number ()	

2. IDENTIFY THE PARTY(IES) YOU REPRESENT (if applicable)

Name of Party	Status in Legal Action (e.g. plaintiff, defendant, third party, etc.)

3. PROVIDE THE FOLLOWING DOCUMENTS

Attach all filed pleadings, including amended pleadings:

- Writ of Summons / Notice of Claim
- Statement of Claim
- Statement of Defence / Reply / Response to Civil Claim
- Third Party Pleadings

Attach the following documents, if applicable:

- Notice of Change of Lawyer
- Notice of Discontinuance
- Court Order related to section 257
- Notice of Trial

4. HAS A TRIAL DATE BEEN SET IN THE LEGAL ACTION?

- Yes No

If yes, attach a copy of the filed *Notice of Trial*. (WCAT must be notified of a trial date a minimum of six months prior to the trial to avoid the need to postpone the trial date.)

5. PROVIDE THE FOLLOWING INFORMATION FOR EACH PARTY NAMED IN THE LEGAL ACTION

The Date of Birth and BC Care Card # are not required if a party's WorkSafeBC Firm Number or Claim Number has been provided.

Party	WorkSafeBC Firm/Claim Number	Date of Birth (YYYY-MM-DD)	BC Care Card #

6. IDENTIFY THE ALLEGED EMPLOYER FOR EACH PERSON NAMED IN THE LEGAL ACTION

Party	Alleged Employer	Employer's WorkSafeBC Firm Number

7. IDENTIFY THE DETERMINATIONS REQUESTED FOR EACH PARTY (IF APPLICABLE)

Party	Determinations requested (see item #18.1 of our <i>Manual of Rules of Practice and Procedure</i> at www.wcat.bc.ca)

8. IS THERE A RELATED LEGAL ACTION (e.g., a Part 7 Action) ARISING OUT OF THIS ACCIDENT/INCIDENT?

Yes No If yes, attach a copy of the filed pleadings for each related action or provide on an attached page the name of the legal action, the names of the counsel involved and the parties they represent.

9. IS A SECTION 257 CERTIFICATE REQUIRED IN THE RELATED LEGAL ACTION?

Yes No

10. SIGNATURE

Signature of applicant X	Date Signed: (YYYY-MM-DD)
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11. FORM CHECK-LIST

- Did you answer all of the questions? Call us if you need help filling out this form.
- Did you attach a copy of all filed pleadings, including amended pleadings, in the legal action?
- Did you attach a copy of the *Notice of Trial*, if applicable?
- Did you identify any related legal actions and attach a copy of the filed pleadings for those actions or the names of the legal action, counsel involved and the parties they represent?
- Did you provide a copy of your section 257 application to all other named parties in this legal action or their representative?
- Did you use additional page(s)? Number of additional pages attached? ____

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 information, please contact WCAT's Freedom of Information Coordinator at the address or telephone number on the top of this form.