

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 Email Address for Filing Documents: appeals@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. If you are printing this blank document and filling it in by hand, please print clearly using black or blue ink.

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)	extension:	Telephone (Other)	extension: 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. INDIGENOUS PERSONS APPEARING BEFORE WCAT

The purpose of this question is to clarify our understanding about the background of the people appearing before WCAT as part of implementing the calls to action of the Truth and Reconciliation Commission (TRC).

Are you, if you are self-represented, or are any of the parties you represent, an Indigenous person (includes a person of Indigenous ancestry: Inuit, Metis, First Nations, non-status, status, and anyone with First Nations ancestry)?

Yes, I am Yes, I represent the following Indigenous person(s): _____
 No Other, please explain: _____

4. PROVIDE THE FOLLOWING DOCUMENTS

<p>Attach all filed pleadings, including amended pleadings:</p> <p><input type="checkbox"/> Notice of Civil Claim (Writ of Summons/Statement of Claim) / Notice of Claim</p> <p><input type="checkbox"/> Response to Civil Claim (Statement of Defence) / Reply</p> <p><input type="checkbox"/> Third Party Pleadings</p>	<p>Attach the following documents, if applicable:</p> <p><input type="checkbox"/> Notice of Appointment or Change of Lawyer</p> <p><input type="checkbox"/> Notice of Discontinuance</p> <p><input type="checkbox"/> Court Order related to section 257</p> <p><input type="checkbox"/> Notice of Trial</p>
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5. 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.)

6. 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 Employer Account Number or Claim Number	Date of Birth (YYYY-MM-DD)	BC Care Card Number

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

Party	Alleged Employer	Employer's WorkSafeBC Account Number

8. IDENTIFY THE DETERMINATIONS REQUESTED FOR EACH PARTY

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

9. ARE THERE OTHER LEGAL ACTIONS (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, and the names of the counsel involved and the parties they represent.

10. IS A SECTION 257 CERTIFICATE REQUIRED IN THE OTHER LEGAL ACTION?

Yes No

11. CERTIFICATION AND AUTHORIZATION

If you are filing your application by email (appeals@wcat.bc.ca), complete section a).
If you are filing your application by facsimile or Canada Post, complete section b).

a) For submitting your application by email:
I, _____, understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the following:
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*.

b) For submitting your application by facsimile or Canada Post: the form must be signed.
I confirm the information on this form is correct and complete. I will notify WCAT if I change my address or phone number. I understand that WCAT must have my current address to keep my appeal active. I authorize my representative named above to act on my behalf in this appeal.

Signature of Interested Party or Authorized Representative: _____ Date Signed: (YYYY-MM-DD)

X

12. 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 other 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. Email is not a secure medium. Any message or attachment you send by email could be intercepted and read by someone else, and you accept the risk of access to personal information by unauthorized persons during transmission. WCAT accepts no responsibility for messages or attachments sent by email until they are received by WCAT. You are responsible for the security of information you are sending. You must assess its sensitivity and decide whether email is a secure enough method of communication.