

**Application for Certification to Court**

Revised June 2022

The court or any party to a court action may request a certificate under section 311 of the *Workers Compensation Act* any time after the court action has been commenced. You can find further information about Certifications to Court on our website [WCAT.BC.CA](http://wcat.bc.ca) > RESOURCES > CERTIFICATE TO COURT 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. If you are printing this blank document and filling it in by hand, please print clearly using black or blue ink.

<b>This is a:</b>	<input type="checkbox"/> Civil Resolution Tribunal (CRT) matter	<input type="checkbox"/> Provincial Court matter	<input type="checkbox"/> Supreme Court of BC matter	<input type="checkbox"/> Other (Please Specify):
<b>Name of Court Action</b>	<b>Court Registry and Registration #</b>		<b>Date of Event (YYYY-MM-DD)</b>	

<b>Information about the applicant(s)</b>	To keep your application active you must tell us about changes in this information. If you are filling out this form on behalf of more than one applicant with the same representative, please attach an appendix.					
Applicant Name	Contact Person (if applicant is a firm)					
Your Pronouns	<input type="checkbox"/> They/Them	<input type="checkbox"/> She/Her	<input type="checkbox"/> He/Him	<input type="checkbox"/> Pronouns not listed: _____		
Your Title	<input type="checkbox"/> Mx.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Title not listed: _____
Mailing address	City/Town	Province/State	Postal/ZIP Code			
Country	Telephone (Daytime)	Telephone (Other)	Fax number			

<b>Information about the representative</b>	If you are represented, WCAT will correspond with your representative.						
Will you be representing yourself?	<input type="checkbox"/> Yes (go to next section)		<input type="checkbox"/> No (please select one of the following)				
<input type="checkbox"/> I want to appoint a firm as my representative.	Name of Firm	Title/Position (if relevant)					
<input type="checkbox"/> I want to appoint an individual without a firm to represent me.	Name						
Representative's Pronouns	<input type="checkbox"/> They/Them	<input type="checkbox"/> She/Her	<input type="checkbox"/> He/Him	<input type="checkbox"/> I don't know	<input type="checkbox"/> Pronouns not listed: _____		
Representative's Title	<input type="checkbox"/> Mx.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Dr.	<input type="checkbox"/> I don't know	<input type="checkbox"/> Title not listed: _____
Representative's Mailing Address	City/Town	Province/State	Postal/ZIP Code				
Country	Telephone (Daytime)	Telephone (Other)	Fax number				

<b>Correspondence information</b>	Please provide the email address WCAT can use to correspond with you.	
On applications for Certifications to Court, WCAT corresponds with applicant(s), or if they are represented, with their representative(s), by email.	Email address for correspondence	
If you or your representative do not have access to email, check this box.	<input type="checkbox"/> No access to email	

<b>Indigenous persons appearing before WCAT</b>	
Are you, if you are self-represented, or 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)?	
If you self-identify, you can work with a WCAT Navigator to tell your story. These experienced staff members can offer neutral support and make sure that cultural sensitivities are respected. This service is part of implementing the Truth and Reconciliation Commission's Calls to Action.	
<input type="checkbox"/> Yes, I am	<input type="checkbox"/> Yes, I represent the following Indigenous person(s): _____
<input type="checkbox"/> No	<input type="checkbox"/> Other, please explain: _____ <input type="checkbox"/> I choose not to answer this question

# Application for Certification to Court

Name of Court Action \_\_\_\_\_

Registry and Registration # \_\_\_\_\_

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## Provide the following documents

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Notice of Civil Claim / Notice of Claim / Notice of Dispute | <input type="checkbox"/> Response to Civil Claim / Reply | <input type="checkbox"/> Third Party Pleadings |
|--|--|--|

### Attach the following documents, if applicable:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Notice of Appointment or Change of Lawyer | <input type="checkbox"/> Court Order related to section 311 |  |
| <input type="checkbox"/> Notice of Discontinuance                  | <input type="checkbox"/> Notice of Trial                    | <input type="checkbox"/> S. 103 Notice to ICBC |

## Information about the court action

Has a trial or hearing date been set? If yes, attach a copy of the filed *Notice of Trial* or other supporting document. (WCAT must be notified of a trial or hearing date a minimum of eight months prior to the trial to avoid the need to postpone the trial or hearing date.)

- Yes  No

Are examinations for discovery complete?

- Yes  No  Not Applicable

If yes, please provide WCAT a copy of the transcripts(s) of all examination(s) for discovery completed in the court action. Other parties to the court action are responsible for obtaining their own copy. If no, please advise by what date you anticipate they will be completed (YYYY-MM-DD)

## Provide the following information for each party named in the court action

If there are more than FIVE parties, please attach an appendix.

### Party #1

Name		Address for Service in the Court Action	
Role in the Court Action (Plaintiff, Defendant, etc.)	WorkSafeBC Account # (if the party is a firm)	Date of birth and BC Care Card # (if the party is an individual) (YYYY-MM-DD)	

### Party #2

Name		Address for Service in the Court Action	
Role in the Court Action (Plaintiff, Defendant, etc.)	WorkSafeBC Account # (if the party is a firm)	Date of birth and BC Care Card # (if the party is an individual) (YYYY-MM-DD)	

### Party #3

Name		Address for Service in the Court Action	
Role in the Court Action (Plaintiff, Defendant, etc.)	WorkSafeBC Account # (if the party is a firm)	Date of birth and BC Care Card # (if the party is an individual) (YYYY-MM-DD)	

### Party #4

Name		Address for Service in the Court Action	
Role in the Court Action (Plaintiff, Defendant, etc.)	WorkSafeBC Account # (if the party is a firm)	Date of birth and BC Care Card # (if the party is an individual) (YYYY-MM-DD)	

### Party #5

Name		Address for Service in the Court Action	
Role in the Court Action (Plaintiff, Defendant, etc.)	WorkSafeBC Account # (if the party is a firm)	Date of birth and BC Care Card # (if the party is an individual) (YYYY-MM-DD)	

**Identify the alleged employer for each alleged worker named in the court action**

If you are alleging that a party to the court action is a worker, their alleged employer may also have an interest in the outcome of this application, and may be invited to participate. Please identify the alleged employer for every alleged worker who is a party to the court action. If there are more than THREE alleged workers, please attach an appendix.

Name of Alleged Worker	Alleged Employer and Address	Alleged Employer's WorkSafeBC Acct # (if known)
Name of Alleged Worker	Alleged Employer and Address	Alleged Employer's WorkSafeBC Acct # (if known)
Name of Alleged Worker	Alleged Employer and Address	Alleged Employer's WorkSafeBC Acct # (if known)

**Identify the determinations requested**

For each determination you are requesting, please identify if you are alleging that the person or firm was or was not a worker, or an employer. If you want a determination that someone was or was not a worker, please identify whether you allege that the worker was in the course of employment, and whether their injuries or conduct arose of out of employment. If you want a determination that someone was or was not an employer, please identify whether you seek a determination that the alleged employer was or was not engaged in an industry at the material time. If you need more space, please attach a separate page.

Name	Determination Requested
Name	Determination Requested
Name	Determination Requested
Name	Determination Requested
Name	Determination Requested

**Are there other court actions (e.g. A Part 7 Action) arising out of this accident/incident?**

If yes, attach a copy of the filed pleadings for each related action or provide on an attached page the name of the court action, and the names of the counsel involved and the parties they represent.

Yes  No

Is there a Certification to Court required in the other court action?

Yes  No  Not Applicable

# Application for Certification to Court

Name of Court Action \_\_\_\_\_

Registry and Registration # \_\_\_\_\_

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<b>Method of hearing</b>	WCAT will decide how your application will proceed. Tell us what your preference is.
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<input type="checkbox"/> In writing (through written submissions)	<input type="checkbox"/> Verbally (by oral hearing)
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If requesting an oral hearing, tell us why an oral hearing is necessary:

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If an oral hearing is held, how would you like to attend?  By videoconference  In person

If WCAT decides to hold an oral hearing, where would you like it to take place?

<input type="checkbox"/> Castlegar	<input type="checkbox"/> Cranbrook	<input type="checkbox"/> Kamloops	<input type="checkbox"/> Nanaimo	<input type="checkbox"/> Richmond	<input type="checkbox"/> Victoria
<input type="checkbox"/> Courtenay	<input type="checkbox"/> Fort St. John	<input type="checkbox"/> Kelowna	<input type="checkbox"/> Prince George	<input type="checkbox"/> Terrace	<input type="checkbox"/> Williams Lake

If an oral hearing is held, do you need an interpreter? WCAT provides professional interpreters for oral hearings. Family and friends may not interpret for you.  No  Yes

If yes, the language (and dialect) I speak is \_\_\_\_\_

If an oral hearing is held, do you plan to bring any witnesses to the hearing? You can update this answer later.  No  Yes

Names of Witnesses: \_\_\_\_\_

<b>Readiness to proceed</b>	
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I am prepared to provide the evidence and submissions in support of my Certification to Court application within 21 days of a request from WCAT.

I request that my Certification to Court application be placed on hold, as I require time for obtaining evidence and/or preparing submissions. I will advise WCAT when I am ready to proceed with my application, or if a certificate is no longer required. I am aware that by checking this box, my application will be placed in a holding period as described in item 18.8.2 of WCAT's *Manual of Rules of Practice and Procedure*.

<b>Form check-list</b>	
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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 court action?

Did you attach a copy of the *Notice of Trial* or other supporting document, if applicable?

Did you identify any other related court actions and attach a copy of the filed pleadings for those actions or the names of the court action, counsel involved and the parties they represent?

Did you provide a copy of your Certification to Court application to all other named parties in this court action or their representative?

Did you use additional page(s)? Number of additional pages attached: \_\_\_\_\_

<b>Certification and authorization</b>	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).
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**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 Certification to Court 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 314 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 application active. I authorize my representative named above to act on my behalf in this application.

**Signature** \_\_\_\_\_ **Date Signed: (YYYY-MM-DD)** \_\_\_\_\_

**X**

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.