



At any time after an application has been filed with the Tribunal, an interested person or organization or the Ontario Human Rights Commission may request to intervene in the application by completing this *Request to Intervene (Form 5)*.

**Follow these steps to make your request:**

1. Fill out this Form 5.
2. Deliver a copy of this Form 5 to all parties and any affected persons or organizations identified in the application or the response.
3. Complete a *Statement of Delivery (Form 23)*.
4. File this Form 5 and Form 23 with the Tribunal.

The Tribunal will determine whether to allow you to intervene and the extent to which you may participate in the proceedings.

**Information for all parties and any other person or organization who received a copy of this request:**

A person, organization or the Ontario Human Rights Commission (Commission) has made a request to the Tribunal to intervene in an application to which you are a party or a named affected person. The nature of the intervention is described below.

You may take no position in response to the request or, you may respond by completing a *Response to a Request for an Order (Form 11)*.

**Follow these steps to respond:**

1. Fill out Form 11.
2. Deliver a copy of Form 11 to the proposed intervenor and to all other parties and any other identified affected persons or organizations.
3. Complete a *Statement of Delivery (Form 23)*.
4. File Form 11 and Form 23 with the Tribunal.

Form 11 must be filed no later than **21 days** after this *Request to Intervene* was delivered to you.

Download forms from the Forms & Filing section of the HRTO web site at  
a paper copy or accessible format, contact us:

If you need

Human Rights Tribunal of Ontario  
655 Bay Street, 14th floor  
Toronto, Ontario M7A 2A3

Phone: 416-326-1312 Toll-free: 1-866-598-0322

Fax: 416-326-2199 Toll-free: 1-866-355-6099

TTY: 416-326-2027 Toll-free: 1-866-607-1240

Email:



Application Information	
Tribunal File Number:	
Name of Applicant:	
Name of Each Respondent:	

**Part A: For completion by the Proposed Intervenor (other than the Commission)**

A1. Contact Information for the Proposed Intervenor (other than the Commission)
Please provide your contact information. Complete <b>a) Individual</b> or <b>b) Organization</b> .

**a) Individual**

First (or Given) Name		Last (or Family) Name			
Street Number	Street Name			Apt/Suite	
City/Town		Province	Postal Code	Email	
Daytime Phone	Cell Phone	Fax		TTY	

What is the best way to send information to you?  Mail  Email  Fax  
(If you check email, you are consenting to the delivery of documents by email.)

**b) Organization**

Full Name of Organization

Contact person in the organization:

First (or Given) Name		Last (or Family) Name		Title	
Street Number	Street Name			Apt/Suite	
City/Town		Province	Postal Code	Email	
Daytime Phone	Cell Phone	Fax		TTY	

What is the best way to send information to you?  Mail  Email  Fax  
(If you check email, you are consenting to the delivery of documents by email.)



**A2. Representative Contact Information**

Complete this section only if you are authorizing a lawyer or other representative to act for you.

I authorize the organization and/or person named below to represent me.

First (or Given) Name		Last (or Family) Name			
Organization (if applicable)			LSUC No. (if applicable)		
Street Number	Street Name			Apt/Suite	
City/Town		Province	Postal Code	Email	
Daytime Phone	Cell Phone		Fax		TTY

What is the best way to send information to your representative?     Mail     Email     Fax  
(If you check email, you are consenting to the delivery of documents by email.)

**Questions for the Proposed Intervenor (other than the Commission)**

The proposed Intervenor is required to answer the following questions.

**A3. Describe the issue(s) you want to address.**

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**A4. Explain your interest in the issue(s) and explain your expertise, if any, regarding the issue(s).**

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**A5. What is your position, if any, on each of the facts and issue(s) raised in the application and the response?**

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**A6. What material facts will you rely on?**

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**A7. What are the terms on which you seek to intervene?**

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**PLEASE GO TO PART C**

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**Part B: For completion by the Commission**

**B1. Contact Information for the Commission**

Name of Contact Person				LSUC No. (if applicable)	
Street Number	Street Name			Apt/Suite	
City/Town	Province	Postal Code	Email		
Daytime Phone	Cell Phone	Fax	TTY		

What is the best way to send information to you?       Mail       Email       Fax  
(If you check email, you are consenting to the delivery of documents by email.)

**B2. Provide a statement of issues that the Commission wants to address.**

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**B3. Explain how the issues relate to the Commission's role, mandate and the public interest.**

**B4. What is the Commission's position, if any, on each of the facts and issues raised in the Application and Response?**

**B5. What are the material facts on which the Commission will rely?**

**B6. What remedy is the Commission seeking?**

**B7. What are terms on which the Commission seeks to intervene?**



**Part C: For completion by all Proposed Intervenors**

**C1. If you have documents that are important to the application, list them here. Copies do not need to be sent at this time.**

<b>Document name</b>	<b>Why the document is important to the application</b>

**C2. If you believe the applicant and/or respondent(s) have documents that are important to the application, list them here.**

<b>Document name</b>	<b>Why the document is important to the application</b>	<b>Name of person who has it</b>

**C3. If you believe another person or organization has documents that are important to the application, list them here. List only the most important.**

<b>Document name</b>	<b>Why the document is important to the application</b>	<b>Name of person who has it</b>



**Signature**

By signing my name, I declare that, to the best of my knowledge, the information that is found in this form is complete and accurate.

Name:

Signature:

Date: (dd/mm/yyyy)

Please check this box if you are filing your request electronically. This represents your signature. You must fill in the date, above.

Collection of Information:

Under the Ontario *Human Rights Code*, the Human Rights Tribunal of Ontario (HRTO) has the right to collect the personal information requested on this form. We use the information to resolve your application. After you file the form, your information may also be available to the public. If you have questions about how the HRTO uses your personal information, contact the HRTO at 416-326-1312 or 1-866-598-0322 (toll-free.)