

Response to Appeal FORM 3

This form is available in French. Ce formulaire est disponible en français.

Use this form to submit your Response to the Notice of Appeal that was sent to you by the Social Benefits Tribunal (SBT), or to submit an Amended Response.

- 1. Complete all sections of the form.
 - Part 1 asks for general information about you and the other parties.
 - Part 2 requires you to:
 - tell us if this is your initial response or an amended response to the appeal,
 - provide the details of your response,
 - tell us whether you will be making a written submission and, if so, when you will be making the submission.
 - **Part 3** requires your signature and the contact information for your representative. You must also indicate whether the representative will be attending the hearing.
- 2. File all pages of the response and any written submissions with the SBT no later than 30 days after receiving the Notice of Appeal. You must also give a copy of the response and any written submissions to the appellant and any other parties no later than 30 days after you receive the Notice of Appeal.
- 3. If you have any changes or updates to the details of your Response, you must file an Amended Response to Appeal form with the SBT, and give a copy to the other parties, no later than 30 days before the hearing.
- 4. A respondent who intends to participate at the hearing must inform the SBT and the appellant by indicating this on the form above, or in writing as soon as possible after receiving the Notice of Hearing but no later than 7 days before the hearing date.



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File Number:
Complete all sections of this form.
Part 1: General Information
Appellant's Name:
Respondent's Office Name:
Name(s) of any Other Parties:
Part 2: Response
Check the appropriate circle below to indicate if this is your initial Response to the Appeal or an Amended Response.
Response to Appeal Amended Response to Appeal
n the box below, provide details of your response. Be sure to include any preliminary objections or any ssues about jurisdiction.

Attach more sheets if necessary.

Written Submissions:				
Are you intending to make a written submission to the appeal?				
If yes, indicate when and how you will make the written submission.				
Written submission has been delivered to the other parties.				
Written submission is attached.				
Written submission will be provided no later than 30 days after receiving the Notice of Appeal. Part 3: Signature and Representative Information Representative Information:				
			Name:	
			Mailing Address:	
Telephone Number:	Fax Number:			
Email Address:				
Will you be attending the hearing?	Yes			
Name of person signing:				
Signature:	Date:			
Important Information:				
 If you have any changes or updates to the deta Response to Appeal form with the SBT, and giv before the hearing. 	ils of your Response, you must file an Amended re a copy to the other parties, no later than 30 days			
 A respondent who intends to participate at the h indicating this on the form above, or in writing a Hearing but no later than 7 days before the hea 	s soon as possible after receiving the Notice of			
Collecting Personal Information: The Social Bercollects the personal information requested on this Ontario Works Act, 1997 or the Ontario Disability S 1997. It will be used for the purpose of conducting be shared with the parties. If you have any question at 1-800-753-3895.	form under the Support Program Act, the appeal and will			

v. 11/2023