



File Number: -

Use this form to ask the Social Benefits Tribunal (SBT) to issue a summons to require a witness to give oral evidence at a hearing and/or bring certain documents to a hearing. If your request for a summons is approved, the SBT will give you the summons and instructions on how to give it to the witness. It is your responsibility to properly serve the summons on the witness and pay the witness attendance money.

Part 1: General Information

Appellant's Name:	Respondent's Name:
Hearing Date:	Hearing Time:

Part 2: Requestor's Information

Appellant Appellant's Representative Respondent's Office Representative

Name:				
Address:				
Municipality (City, Town, etc.):	Province:	Postal Code:	Day Phone Number:	Fax Number:

Part 3: Witness to be Summoned to Attend the Hearing

Name:		Title:		
Address:		Municipality (City, Town, etc.):	Province:	Postal Code:

The SBT will only issue a summons if it is satisfied that the witness has information arguably relevant to the issues that are in dispute in the appeal. In the box below, explain how the witness is connected to the appeal. Also give a general description of the evidence the witness will provide at the hearing and explain why this evidence is relevant and necessary to resolve the appeal.

Explanation continued (if necessary):

Attach more sheets if necessary.

Part 4: Signature

Name:

Signature:

Date:

If the SBT issues a Summons for this witness to attend the hearing, tell us how you want the Summons given to you.

Pick up at SBT Office

Send by Courier to Requestor's Address

Collecting Personal Information: The Social Benefits Tribunal (SBT) collects the personal information requested on this form under the *Ontario Works Act, 1997* or the *Ontario Disability Support Program Act, 1997*. It will be used for the purpose of conducting the appeal and will be shared with the parties. If you have any questions, contact the SBT at 1-800-753-3895.

v. 11/2023