



File Number: -

Use this form to ask the Social Benefits Tribunal (SBT) for financial assistance for you or a witness to attend a hearing. The SBT will only pay for travel expenses if it is satisfied that a party or witness will experience financial hardship to attend the hearing.

**Part 1: General Information**

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

**Part 2: Person Requiring Travel Assistance**

Indicate who requires the travel assistance:

Appellant     Respondent     Witness: \_\_\_\_\_ (name)

If you are applying for financial assistance for a witness, explain how the witness is connected to the appeal. Also explain why the evidence the witness will give at the hearing is relevant and necessary to resolve the appeal.

*Attach more sheets if necessary.*

Provide details of the travel assistance required (for example, distance and type of travel).

*Attach more sheets if necessary.*

Explain why the person requiring travel assistance cannot afford to travel to the hearing. What is the nature of the financial hardship they will experience if they were to attend?

*Attach more sheets if necessary.*

**Part 3: Signature**

Name:	
Signature:	Date:

**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. 12/2020