

NOTICE OF INTENT TO PARTICIPATE

If you wish to participate in the appeal filed by the appellant, you must complete and return this form to us within 21 day from receipt, otherwise we will assume you do not wish to participate.

1. APPEAL INFORMATION			
Appeal Started by	<input type="radio"/> Worker <input type="radio"/> Employer		Case I.D. #
2. YOUR INFORMATION			
Name			
Company (if applicable)			
Address			
Phone		Fax	
Email			
3. WILL YOU BE PARTICIPATING IN THE APPEAL?			
<p>If you participate you will have the opportunity to make written submissions and participate in the oral hearing. You can request that WCAT disclose the case documents as filed, as well as request a copy of the final decision. If you choose not to participate, WCAT will resolve the appeal without disclosure or further communication with you.</p>			
<p>Please choose all boxes that apply:</p> <p><input type="radio"/> Yes, I wish to participate.</p> <p><input type="radio"/> Yes, I wish a copy of the case documents.</p> <p><input type="radio"/> Yes, I wish a copy of decision.</p> <p><input type="radio"/> No, I do not wish to participate.</p>			
4. REPRESENTATION			
<p>All participants before the Appeal Tribunal may choose to be represented. You could choose the Worker Advisor, Employer Advisor or someone else like a lawyer, friend, or union rep. Please note that if you choose a representative, all future correspondence and disclosure of documents will be sent only to your representative.</p>			
<p>Please choose one of these boxes:</p> <p><input type="radio"/> I intend to represent myself.</p> <p><input type="radio"/> I intend to be represented by the Worker Advisor.</p> <p><input type="radio"/> I intend to be represented by the Employer Advisor.</p> <p><input type="radio"/> I wish to designate the following as my Authorized Representative.</p>			
Authorized Representative contact information			
Name			
Agency			
Address			
Phone		Fax	
Email			

Please be sure to complete the other side.

5. DECLARATION, CONSENT AND SIGNATURE Please read this section carefully. Both you and your Authorized Representative must sign this form. If you are being represented by the Worker Advisor or Employer Advisor there is no need for their signature.

Both you and your Authorized Representative declare that you have read and understand these statements:

1. Parties to the appeal process are those people with a direct interest in the matter. They may include
 - . a worker
 - . dependents of a deceased worker
 - . the worker's employer on the date of the accident
 - . the Workers Compensation Board
 - . representatives of any of these persons.
2. A copy of this Notice of Appeal will be sent to the Workers Compensation Board, and other parties to the appeal process. They will each have the right to make representations and to present evidence on the appeal. PLEASE NOTE – no new evidence can be presented to WCAT on an appeal.
3. You and your Authorized Representative consent to WCAT's disclosure of information relating to the appeal to
 - . WCAT members hearing the appeal
 - . Workers Compensation Board
 - . other parties to the appeal process who have indicated their intention to participate, requested the documents, and returned the required form.

The information may include personal, medical, earning and work related information. You and your Authorized Representative consent to their use of this information for the purpose of this appeal.

4. You and your Authorized Representative agree
 - . the documents or records disclosed in this matter will be used only for the purpose of the WCAT appeal
 - . to keep the documents, records and the information contained therein confidential and secure
 - . you will comply with any other conditions or restrictions the WCAT may impose regarding the use and disclosure of documents or records.
5. You and your Authorized Representative also consent to WCAT posting the decision on their website after removing any information which may identify you.

Please sign, print your name and the date:

	You	Your Authorized Representative
Signature	_____	_____
Print Name	_____	_____
Date	_____	_____

Please be sure to complete the other side.

Information on this form is collected under Section 31(c) of the **Freedom of Information and Protection of Privacy Act** as it relates directly to and is necessary for the processing of an appeal to the Workers Compensation Appeal Tribunal under Section 56(6) of the **Workers Compensation Act**. For more information please contact WCAT at 902-894-0278.