



Right Of Action Determination

P.O. Box 757, 14 Weymouth Street Charlottetown, PE C1A 7L7
 Phone: (902) 368-5680 Toll-free: 1-800-237-5049

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 Fax: (902) 368-5696

Applicant's Name		Representative & Firm Name	
Telephone Number		Supreme Court Reference Number	
Fax Number			
Street Address City, Province Postal Code			
Has a worker's compensation claim been filed as a result of the accident/injury?	Check one <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate the relevant claim number(s)	

RESPONDENTS, OTHER POTENTIAL PARTICIPANTS, & REPRESENTATIVES (attach additional sheets if necessary)

Name		Representative & Firm Name	
Telephone Number		Fax Number	
Street Address City, Province Postal Code			

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Telephone Number		Fax Number	
Street Address City, Province Postal Code			

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Telephone Number		Fax Number	
Street Address City, Province Postal Code			

FACTS & ISSUES

Date of Personal Injury	
Location of Accident	
Other person(s) involved	
Description of how injury occurred	
Residency of participants	
Factual and legal issues on this application (including Policy, Legislation or Regulations) What remedy are you seeking from the Workers Compensation Board?	
Has a trial date been set?	Check one <input type="checkbox"/> Yes <input type="checkbox"/> No Date, if set:

MODE OF HEARING

Mode of Hearing Requested	Check one <input type="checkbox"/> Oral Hearing <input type="checkbox"/> Written Submission Note: If you do not indicate your preference, the Workers Compensation Board will assume that you wish to proceed by written submission. Proceeding <u>by written submission</u> means that you will not appear before the Workers Compensation Board and the Workers Compensation Board will decide the matter after reviewing the claim file(s) and any written submissions/evidence which may be provided by the participants. An <u>oral hearing</u> means that you will appear before the Workers Compensation Board to present oral evidence and/or submissions.		
Reasons for Requesting Mode of Hearing			
Signature of Applicant or Representative		Date	