Tribunals Ontario

Licence Appeal Tribunal

15 Grosvenor Street, Ground Floor
Toronto, ON M7A 2G6
Telephone: 416-326-1356
Toll Free: 1-888-444-0240
TTY: 1-800-855-0511
Email: LATregistrar@ontario.ca
Website: tribunalsontario.ca/lat

Request for Reconsideration Form

Disponible en français

How to Request a Reconsideration of a Final Decision

Under Rule 18, a party may request a reconsideration of a decision that finally disposes of an appeal within 21 days of the date of decision.

Rule 18 can be accessed here. The Tribunal's Practice Direction on requests for reconsideration can be accessed here.

A request for reconsideration from a party must be served on all other parties using this form and must include:

- All submissions and evidence in support of the request, which must specify the applicable criteria under Rule 18.2. The submissions must not exceed 10 double-spaced pages in length, exclusive of evidence and case law unless the Tribunal directs otherwise;

- Notification if the party is seeking judicial review or pursuing an appeal in relation to the decision; and

- Remedy or relief sought.

A party served with a request for reconsideration is not required to deliver a response until requested to do so by the Tribunal.

A request for reconsideration will not be granted unless one or more of the following criteria under Rule 18 are met:

- The Tribunal acted outside its jurisdiction or committed a material breach of procedural fairness;

- The Tribunal made an error of law or fact such that the Tribunal would likely have reached a different result had the error not been made; **or**

- There is evidence that was not before the Tribunal when rendering its decision, could not have been obtained previously by the party now seeking to introduce it, and would likely have affected the result.

Reconsideration decisions are published on CanLII.

The determination of the request for reconsideration will be considered on the basis of written submissions only.

Submissions must be 12 point, Arial or Times New Roman font, with 1.5 inch margins.

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Information about your Request for Reconsideration

Are you the Applicant or Respondent? ☐ Applicant ☐ Respondent

Requestor Last Name	Requestor First Name	
Requestor Daytime Contact	Tribunal File Number	Date of Final Decision *(yyyy/mm/dd)*

Reasons for your Request for Reconsideration

A request for reconsideration will not be granted unless one or more of the criteria outlined in Rule 18 are met. Please indicate which criteria you are relying on and **attach your submissions and any relevant documentation to support your request, in keeping with the page limit set out in Rule 18**:

☐ The Tribunal acted outside its jurisdiction or committed a material breach of procedural fairness;

☐ The Tribunal made an error of law or fact such that the Tribunal would likely have reached a different result had the error not been made; or

☐ There is evidence that was not before the Tribunal when rendering its decision, could not have been obtained previously by the party now seeking to introduce it, and would likely have affected the result.

Notice of Service

I have served a copy of this request for reconsideration on the other parties by:

☐ Regular Mail (last known address)

☐ Delivering it personally

☐ E-Mail

Name

Signature	Date *(yyyy/mm/dd)*