



File Number: -

**Language Preference**

The tribunal offers services in both English and French.

What is your preferred language of communication?

- English       French

You may change the language of your communication by notifying the tribunal in writing. For further information, see Tribunals Ontario's [French Language Services Policy](#).

Use this form to tell the Social Benefits Tribunal (SBT) that you have a representative for your appeal or to authorize a person and/or organization to access and obtain information about your appeal.

You must notify the SBT and all parties in writing if the representative you name stops representing you, or you find a new representative, or you decide to represent yourself.

**Part 1: General Information**

Appellant's Name		Appellant's Date of Birth (dd/mm/yyyy)	
Name of Representative (if applicable)		Name of Office or Organization	
Mailing Address			
Telephone Number	Fax Number	Email Address	

**Part 2: Type of Representative (check one)**

- Lawyer / Paralegal     
  Self-Help Assistance     
  Community Legal Worker  
 Family Member     
  Support Person     
  Trustee / Guardian  
 Other: \_\_\_\_\_

**Part 3: Representation at Hearing (check one)**

- My representative will represent me at any hearings at the SBT.  
 I will represent myself at any hearings at the SBT.  
 Other – Please describe: \_\_\_\_\_

**Part 4: Consent and Authorization**

I request and authorize the SBT to release any and all information about my appeal to the authorized organization or person listed above, and consent to them communicating with the SBT on my behalf. Parties shall provide written notice of any change to the Tribunal and the other parties.

**Part 5: Signature of Appellant**

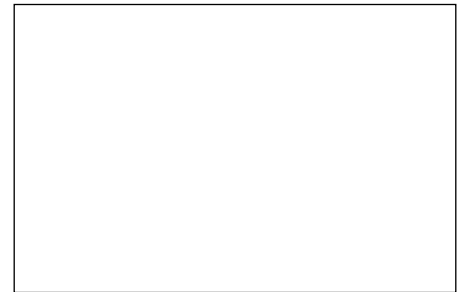
Name	
Signature	Date (dd/mm/yyyy)

**Part 6: Declaration of Representative/Legal Clinic**

I am/We are representing:

Name of Appellant (Last Name)	Name of Appellant (First Name)
Name of Legal Clinic	
Representative Last Name	Representative First Name
Signature of Representative	Date (dd/mm/yyyy)

**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