



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. 11/2023