



File Number: -

Use this form to tell the Social Benefits Tribunal (SBT) how and when you gave the other parties to the appeal copies of any document(s) you intend to rely on at the hearing.

Exception: Use the **New Medical Information** form (Form 5) to confirm delivery of new medical documents in a disability appeal. You must also file copies of the documents with the SBT.

Part 1: General Information

Appellant's Name:
Respondent's Office Name:
Name(s) of any Other Parties:

Part 2: Document Delivery Information

I confirm that on _____ (date) I gave a copy of the following documents:

(insert name of document(s))

to the following persons (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Appellant | <input type="checkbox"/> Other Party added by SBT |
| <input type="checkbox"/> Appellant's Representative | <input type="checkbox"/> Intervener |
| <input type="checkbox"/> Respondent's Office Representative | <input type="checkbox"/> Other: _____
(insert name of person you gave documents to) |

The forms and/or documents were delivered by:

- hand delivered
 courier
 regular mail
 fax
 email
 other: _____
 (provide details)

Part 3: Signature

- | | |
|---|---|
| <input type="checkbox"/> Appellant | <input type="checkbox"/> Appellant's Representative |
| <input type="checkbox"/> Respondent's Office Representative | <input type="checkbox"/> Other Party added by SBT |
| <input type="checkbox"/> Intervener | <input type="checkbox"/> Other |

Name:	
Signature:	Date:

Important Information:

1. If a party is represented, you must give the documents to the representative.
2. You must have the consent of the other party(ies) if you deliver the documents by email.
3. You must also have the consent of the other party(ies) if you want to send a document by fax that is longer than 30 pages.
4. If you selected "other" as a method of service, then this must be a delivery method that was agreed to by the other parties or was directed by the SBT.

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