



File Number: -

B E T W E E N :

_____ (Name of Appellant)

- v -

Director, Ontario Disability Support Program

1. This is an appeal of the decision of the Director dated _____.

2. The parties agree to settle the Appeal on the following terms:

a. The parties agree the Appellant is a person with a disability within the meaning of the *Ontario Disability Support Program Act, 1997*, S.O. 1997, c. 25, Sched. B., as amended, (the *ODSPA*);

b. The parties agree the Appellant has the following medical conditions:

Attach additional sheets if necessary.

c. The parties agree the Appellant has the following impairments:

Attach additional sheets if necessary.

d. The parties agree the Appellant has the following restrictions:

Attach additional sheets if necessary.

e. The parties agree that the restrictions and impairments are verified within the meaning of the *ODSPA*.

f. The parties agree to a review date under section 5(1) of O.Reg 222/98 of the *ODSPA* of _____ years from the date of this Order.

OR

The parties agree there should be no review date.

g. Other (if applicable):

Attach additional sheets if necessary.

- 3. The parties understand their agreement is binding on them.
- 4. The parties also understand that, except for what is recorded here, their discussions and any information shared when making this agreement are confidential and may not be relied on or referred to in other proceedings.
- 5. The parties therefore ask the SBT to issue a consent order in accordance with Rule 9A.2 of the Rules of Practice.

Signatures

(If you are signing on behalf of a party, provide both your name and the name of the party who has authorized you to sign on his or her behalf.)

I agree:

_____	_____
Appellant (<i>Print Name</i>)	Date

Signature	
_____	_____
Representative (<i>if applicable</i>)	Date

Signature	

I agree:

_____	_____
Respondent (<i>Print Name</i>)	Date

Signature	
_____	_____
Representative (<i>if applicable</i>)	Date

Signature	

I interpreted this entire document from English into _____
for the Appellant and confirmed the Appellant understood the interpretation.

_____	_____
Interpreter (<i>Print Name</i>)	Date

Signature	