



About an Application for Reconsideration

Use this application to ask the Social Benefits Tribunal (SBT) to reconsider a decision made on an appeal. You have 30 days from the time you receive your decision to ask for a reconsideration by submitting this application form. The SBT will review your application, determine if a new hearing should be held and send you a letter with that decision within 60 days.

You must send a copy of this Application for Reconsideration to the other parties to the original appeal decision. Other parties may file a response to this application within 15 days of receiving a copy. The [Practice Direction on Reconsideration Requests](#) explains the process in more detail.

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](#).

Part 1: Information about the appeal

Are you the appellant or the respondent? Appellant Respondent

The file number on the appeal decision is: _____ -

The date of the appeal decision is:

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dd/mm/yyyy

Part 2: Information about the appellant

Appellant's name:				Appellant's date of birth:	
Address:				Unit Number:	PO Box:
Municipality (City, town):	Province:	Postal Code:	Telephone 1:	Telephone 2:	

Part 3: Information about the respondent

The respondent is:

- Ontario Works office Disability Adjudication Unit
 Ontario Disability Support Program office

Office name:	Name of contact at the office:		
Address:			
Municipality (City, town):	Province:	Postal Code:	Telephone:

Part 4: Reasons for your request for reconsideration

Why should the SBT grant your request for a reconsideration hearing? Please give your reasons below.

The SBT may reconsider if it appears:

- there is a legal or jurisdictional error
- there was procedural unfairness
- there are new facts that were not available at the time of the hearing which could change the decision

Attach more sheets if necessary.

Part 5: Notice of service

Were there other parties to the original hearing other than the appellant and respondent?

- No Yes Names: _____

I have served a copy of this application on the other parties by:

- Regular post to the last known address
 Delivering it personally
 Sending a fax

Part 6: 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