



**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.

**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:        
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. 01/10/2016