



**Financial Services  
Commission  
of Ontario**  
5160 Yonge Street  
Box 85  
Toronto ON M2N 6L9

Dispute  
Resolution  
Services

# Application for Intervention Form K

Commission file number
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**Complete ALL sections.  
Attach extra sheets if necessary.**

Use this *Application* to intervene in an appeal before the Commission. You must serve a copy of this *Application* and any supporting submissions on all parties to the appeal. You must also file the *Application* and a *Statement of Service* with the Commission.

or, if not represented, on the person seeking to intervene. You must then file a *Statement of Service* with the Commission.

Any party to the appeal may support or object to this *Application* by filing written submissions with the Commission within **10 days** of being served with the *Application*. The submissions must include the party's reasons why the applicant should, or should not, be permitted to participate. You must serve a copy of the written submission on the representative of the person making the *Application for Intervention*,

Personal information requested on this form is collected under the authority of the *Insurance Act*, R.S.O. 1990, c. I.8, as amended. This information, including documents submitted with this form, will be used in the dispute resolution process for accident benefits. This information will be available to all parties to the proceeding. Any questions about this collection of information may be directed to the Director of Arbitrations, Dispute Resolution Services, FSCO.

APPEAL CASE		
Appellant	Respondent	Appeal file number

APPLICANT				
<input type="checkbox"/> Mr.	Company name OR Last name	First name	Middle name	
<input type="checkbox"/> Mrs.				
<input type="checkbox"/> Ms.				
Street address				Apt./Unit
City	Province/State	Postal Code/Zip	Country	
Home phone number	Work phone number	Ext	Fax number	Email address (required)
(     )	(     )		(     )	

APPLICANT'S REPRESENTATIVE				
<input type="checkbox"/> Mr.	Last name	First name	File reference number	
<input type="checkbox"/> Mrs.				
<input type="checkbox"/> Ms.				
Street address				Apt./Unit
City	Province/State	Postal Code/Zip	Country	
Phone number	Ext.	Fax number	Email address (required)	
(     )		(     )		
The representative is:				
<input type="checkbox"/> Lawyer	Law Society licence number		_____	
<input type="checkbox"/> Licensed paralegal	Law Society licence number		_____	
<input type="checkbox"/> Not required to be licensed	Specify the type of exemption from the list of exemptions recognized in the Law Society's by-laws			
	_____			

## SUBMISSIONS

1. I seek to intervene in this appeal for the following reasons.

Extra sheets attached

2. I wish to make submissions on the following issues of law. (Include a reference to any statutory provision to be relied on.)

Extra sheets attached

## DOCUMENTS

I am relying on the following documents for the Application

Copies of documents are attached

## SIGNATURE AND CERTIFICATION

***I certify that all information in this Application for Intervention and attachments is true and complete. I realize that copies of all information filed with this Application for Intervention will be given to the other party in this dispute.***

Applicant      Name (please print)      Title  
 Representative

Signature      Date (yyyy/mm/dd)      Total number of extra sheets attached ▼