

Request to Change the Type of Hearing

Section 4(1)(e) of the Tribunal Practices and Procedures states that a subsequent request for a change in the type of hearing will only be considered in exceptional circumstances. Requests to change the type of hearing must be made in writing as soon as possible and indicate the reason for the request.

TO BE COMPLETED BY APPELLANT			
NAME	TELEPHONE NUMBER	APPEAL NUMBER	
Reason(s) for the request:			
DATE (MONTH/DAY/YEAR)			
Current hearing type is:	Oral	Teleconference	Written
Request for hearing type:	Oral	Teleconference	Written
TO BE COMPLETED BY TRIBUNAL STAFF			
Did the Tribunal Chair determine the type of hearing? <i>If yes, provide the appeal file to the Tribunal Chair</i>		Yes	No
Is there sufficient time to accommodate the request?		Yes	No
Has the panel been assigned?		Yes	No
Hearing room Information:	Is there a speaker phone?	Yes	No
	Can a Polycom system be used?	Yes	No
TO BE COMPLETED BY THE TRIBUNAL CHAIR			
Request approved:		Yes	No
Reason(s) not approved:			
TRIBUNAL CHAIR'S SIGNATURE		DATE (MONTH/DAY/YEAR)	

Send the completed request to:

Employment and Assistance Appeal Tribunal
Toll Free Fax: 1-877-356-9687
Fax in Victoria: 250-356-9687
Email: info@eaat.ca

Questions? Call Toll Free: 1-866-557-0035, or in Victoria: 250-356-6374