

# **Expert's Witness Statement Form 14**

TLAB Case File Number

Questions or concerns about this form or process can be directed to the Toronto Local Appeal Body by telephone 416-392-4697 or by email at <a href="mailto:tlab@toronto.ca">tlab@toronto.ca</a>.

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Questions of this collection can be directed to the Manager of Planning & Liaison, Court Services, 137 Edward Street, 2nd Floor, Toronto, Ontario M5G 2P1 or by telephone at 416-338-7320.

Street, 2nd Floor, Toronto, Ontario M5G 2PT or by telephone at 416-338-7320.						
Part 1: Location Information						
Address and/or Legal Description of property subject to appeal						
Street Number Street Name					Postal Code	
Part 2: Hearing Information						
Hearing Date (yyyy-mm-dd) Hearing Time		ne	Hearing Location			
Part 3: Expert Witness Information						
First Name Last Name						
Check this box if First Name and Last Name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your name below.						
Single Name						
Corporation Name or Association Name if any (Association must be incorporated)						
Position Title (if applicable)			Email			
Street Number Str	eet Name			Suite/Unit	Number	
City/Town P		Provi	ince	Postal Co	de	
Area of Expert Testimony						
Retaining Party First Name			Retaining Party Last Name			
Check this box if First Name and Last Name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your name below.						
Retaining Party Single Name			•	-		

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Part 4: Expert Witness Qualifications					
(Specify the area of expertise and attach a curriculum vitae).					
(Specify the area of expension and attach a cameatain mac).					
Part E. Evnort Witness Statement					
Part 5: Expert Witness Statement					
(Dravide a full displacure statement using numbered paragraphs of intended evidence in accordance with Dule 16.0 e) d) 8					
(Provide a full disclosure statement using numbered paragraphs of intended evidence in accordance with Rule 16.9 c),d) & e). The Applicant may have made revisions to the original application. Where applicable, relate and identify your opinion					
evidence to any application revisions identified in the Applicant's Disclosure Form, the issues, Witness or Participant's					
Statements filed and any reports or documents previously filed in accordance with Rule 16.2.)					
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#### Part 5: Expert Witness Statement (Continued)

(Provide a full disclosure statement using numbered paragraphs of intended evidence in accordance with Rule 16.9 c),d) & e). The Applicant may have made revisions to the original application. Where applicable, relate and identify your opinion evidence to any application revisions identified in the Applicant's Disclosure Form, the issues, Witness or Participant's Statements filed and any reports or documents previously filed in accordance with Rule 16.2.)

(continued from page 2)



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### **Expert's Witness Statement Form 14**

Part 6:Expert's Witness Statement and Supporting Materials served at the time of filing on:					
Person's Name	Email	Address (Street Number, Street			
(Full Name – First, Middle,		Name, Suite/Unit Number,			
Last Name or Single Name)		City/Town, Province, Postal Code –			
		Complete this section only when no			
		Email address has been provided)			

Part 6: Date	
Date (yyyy-mm-dd)	

NOTE: An Expert's Witness Statement is required from every person intending to provide oral or written expert evidence on the matters in issue in this TLAB Case File.

NOTE: An expert witness must file an "Acknowledgement of Expert's Duty", Form 6.

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