

## Responding Expert Witness Statement Form 21

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>.

Information, including completed forms, disclosure documents and statements, you disclose to the Toronto Local Appeal Body (TLAB) in relation to a TLAB appeal is an adjudicative record that is a public record available to parties, participants and the general public. The legal authority to make the information public is section 1.0.1. of the Planning Act. As stated in Section 27 of the Municipal Freedom of Information and Protection of Privacy Act, the provisions protecting individual privacy in Part 2 of that Act do not apply to any information collected in the TLAB's prescribed forms and associated filings for appeals.

Questions about this collection can be directed to the Manager of Tribunal Operations, Court Services, 40 Orchard View Boulevard, 2nd Floor, Suite 253, Toronto, Ontario M4R 1B9 or by telephone at 416-392-3261.

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Part 1: Location Information							
Address and/or Legal Description of property subject to appeal							
Street Number	Street N	Street Name			Postal Code		
Part 2: Hearing Inform							
Hearing Date (yyyy-mm-dd) Hearing Time		Hearing Time	Hearing Location				
Part 3: Responding E	xpert Wi	tness Informa					
First Name			Last Name				
Check this box if First	Name and	d Last Name do no	ot apply to you because	vou have eith	er a registered Birth		
			a Single Name. Provide				
Single Name							
Corporation Name or Association Name (Association must be incorporated), if applicable							
corporation status of status (status (status of more paration), if applicable							
Position Title (if applicable)		Email					
(							
Street Number Street Name			Suite/Unit	Number			
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City/Tayya		Dec	viana	Postal Cod			
City/Town Pro		vince	Postar Cod	ie			
Area of Expert Testimony							

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Part 4: Retaining Party 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						
Part 5: Responding Expert Witness Qualifications						
Specify the area of expertise and attach a curriculum vitae.						
Part 6: Responding Expert Witness Stateme	nt					
Provide a full disclosure statement using numbered paragraphs of intended evidence in accordance with Rule 16.9 c), d) and 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 3), the issues, Party Witness Statement(s) (Form 12) or Participant Witness Statement(s) (Form 13) filed and any reports or documents previously filed in accordance with Rule 16.2.						
NOTE: In the case of an intended reference to a document contained in the 'Common Document Book' maintained on the TLAB website ( <a href="www.toronto.ca/tlab">www.toronto.ca/tlab</a> ), no electronic exchange is required provided the document is referenced and the parts, sections, pages or paragraphs are identified.						
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Part 6: Responding Expert Witness Statement (Continued)						
Provide a full disclosure statement using numbered paragraphs of intended evidence in accordance with Rule 16.9 c), d) and 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 3), the issues, Party Witness Statement(s) (Form 12) or Participant Witness Statement(s) (Form 13) filed and any reports or documents previously filed in accordance with Rule 16.2. (Continued from page 2)						

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Part 7: Responding Expert Witness Statement and Supporting Materials served at the time of filing on:						
Person's Name (Full Name – First, Middle, Last Name or Single Name)	Email	Address (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code – Complete this section only when Email has not been provided)				
	<u> </u>					

## Part 8: Submission Date

Date (yyyy-mm-dd)

NOTE: An Expert 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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