

# Reply to Responding Expert Witness Statement Form 22

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 [tlab@toronto.ca](mailto:tlab@toronto.ca).

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.

### 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	Hearing Location
---------------------------	--------------	------------------

### Part 3: Replying 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 (Association must be incorporated), if applicable

Position Title (if applicable)	Email
--------------------------------	-------

Street Number	Street Name	Suite/Unit Number
---------------	-------------	-------------------

City/Town	Province	Postal Code
-----------	----------	-------------

Area of Expert Testimony

# Reply to Responding Expert Witness Statement Form 22

## 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: Replying Expert Witness Qualifications

Specify the area of expertise and attach a curriculum vitae.

## Part 6: Replying Expert Witness Statement

Provide a full disclosure statement using numbered paragraphs of intended evidence in accordance with Rule 16.10 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 ([www.toronto.ca/tlab](http://www.toronto.ca/tlab)), no electronic exchange is required provided the document is referenced and the parts, sections, pages or paragraphs are identified.**

# Reply to Responding Expert Witness Statement Form 22

## Part 6: Replying Expert Witness Statement (Continued)

Provide a full disclosure statement using numbered paragraphs of intended evidence in accordance with Rule 16.10 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)**

# Reply to Responding Expert Witness Statement Form 22

**Part 7: Reply to Responding Expert Witness Statement and Supporting Materials served at the time of filing on:**

<b>Person's Name</b> (Full Name – First, Middle, Last Name or Single Name)	<b>Email</b>	<b>Address</b> (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code – Complete this section only when Email has not been provided)

**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).