

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 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						
Address and/or Legal Description or property subject to appear						
Street Number	Street N	Name			Postal Code	
Part 2: Hearing Inforn	nation					
Hearing Date (yyyy-mm-dd)	Hearing Date (yyyy-mm-dd) Hearing Time			Hearing Location		
		1				
Part 3: Responding Ex	pert Wi	tness Informa	ation			
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		
	oot Hamo			ound/orm	Trainisci	
City/Town Prov		ovince	Postal Cod	le		
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 Qualifica	tions				
Specify the area of expertise and attach a curriculum vitae	9.				
Part 6: Posponding Export Witness Stateme	nt				
Part 6: Responding Expert Witness Statement Provide a full disclosure statement using numbered paragraphs of intended evidence in accordance with Rule 16.13 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), 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 16.13 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)					

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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