

## Request to Summons Form 7

MTHLT Case File Number						

If a party wishes to summon a witness, they can make their request by completing and submitting this form.

The information provided on this form and any associated documents is considered an adjudicative record under Municipal Freedom of Information and Protection of Privacy Act, section 27 and is accessible to the public. This means that the form, in its entirety, may be available to the general public on request along with any evidence or other materials you provide for consideration at the hearing and anything else you provide to the MTHLT. A copy of this completed form may be posted as part of the MTHLT agenda on the City's public website. Please keep this in mind when submitting personal information such as names and addresses to the Tribunal.

For inquiries about this collection or information submitted to the MTHLT, please contact the Tribunal Operations Manager at 416-392-5546. For questions about the form or processes, contact the MTHLT general line by telephone at 416-338-7606.

If you would like accessibility supports, accommodation and/or a different format, please contact the Accessibility Coordinator at 416-338-7606.

Part 1: Hearing Information							
Hearing Date (yyyy-mn	n-dd)	Hearing Time		Hearing	g Location		
Part 2: Requestor	Informatio	n					
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 single name.							
Single Name							
Corporation Name or Association Name (Association must be incorporated), if applicable							
Telephone Number			Email				
Street Number	Street Name			511.	S	uite/Unit Number	
City/Town		Province		F	Postal Cod	е	

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Part 3: Witness Information							
First Name		Last Name	Position Title (if applicable)				
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 single name.							
Single Name							
Street Number	Street Name		Suite/Unit Number				
City/Town		Province	Postal Code				
Part 4: Reason							
evidence they will b	e speaking to. I	Vitness is relevant to the matter before if there is a specific document which hade, please provide detailed information	as not previously been disclosed which				

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Part 5: Instructions					
If the Chair or their designate is satisfied with the information provided in the request to summons, the summons will be signed and issued by the Tribunal and sent to the requesting party for service on the person to be summoned.					
A summons shall be served on the witness	by personal service.				
Where requested by the witness, attendance money shall be paid by the party requesting the summons or by the Tribunal if it has initiated the summons in accordance with the Rules of Civil Procedure.					
A party who has served a summons on a witness shall immediately provide a copy of the request for the summons and the summons to the other party and file a copy with the Tribunal.					
Part 6: Authorized Signature					
Requestor Name (First, Last or Single)	Requestor Signature	Date (yyyy-mm-dd)			
Office Use Only					
Approved Request Further Information Refused					
Reviewing Panel Member Name (First, Last	t or Single) Date (yyyy-mm-dd)				

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