

# CERTIFICATE OF READINESS TO PROCEED (CRP) FORM

## APPEAL INFORMATION

Appellant's Name: \_\_\_\_\_

Claim / Account No.: \_\_\_\_\_

Appeals Officer assigned: \_\_\_\_\_

## CERTIFICATE OF READINESS

I certify that I have reviewed all of the documents in the appeal documents package (ADP) and;

- The ADP provided by the Appeals Commission includes all of the documents that I intend to rely on for the appeal at this time.
- The ADP is not complete and I am submitting the additional documents listed at the end of this form to be added to the appeal documents package.

## THE HEARING

Who will be attending the hearing?

- Appellant: \_\_\_\_\_  Appellant's Representative: \_\_\_\_\_
- Respondent: \_\_\_\_\_  Respondent's Representative: \_\_\_\_\_
- Other: \_\_\_\_\_  Other: \_\_\_\_\_

I prefer to have:

- a documents-only hearing and;
  - the documents are complete
  - a written submission is enclosed
- an oral hearing in person at the Appeals Commission office in;
  - Edmonton
  - Calgary
- telephone conference hearing. If so, state the telephone number for the telephone conference call (\_\_\_\_\_) \_\_\_\_\_

Do you want the hearing recorded?  Yes  No

Note that if a transcript of the hearing is required, the person requesting the transcript is responsible for payment.

Do you require an interpreter?  If yes, tick the box and state the language for which interpretation is required:  
\_\_\_\_\_

(See other side)

**WITNESSES**

- I do not intend to call any witness(es) at the time of the hearing.
- I intend to call the following witness(es) at the appeal hearing.

**Witness' Name:** \_\_\_\_\_

This witness will give evidence about:

\_\_\_\_\_  
\_\_\_\_\_

**Witness' Name:** \_\_\_\_\_

This witness will give evidence about:

\_\_\_\_\_  
\_\_\_\_\_

**WHO IS MAKING THIS CERTIFICATION**

- the appellant
- a party other than the appellant (respondent)
- a representative for the appellant
- a representative for the respondent

By signing this Certificate of Readiness to Proceed form, I hereby certify that this appeal is ready to proceed to hearing.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

PRINT NAME OF PERSON SIGNING: \_\_\_\_\_

**Return this form to:**

**Mailing Address – Edmonton:**

Appeals Commission for Alberta Workers' Compensation  
901, 10109 - 106 Street  
Edmonton, AB T5J 3L7

Fax # (780) 412-8701

**Mailing Address – Calgary:**

Appeals Commission for Alberta Worker's Compensation  
206, 1701 Centre Street North  
Calgary AB T2E 7Y2

Fax # (403) 508-8822

*Has your contact information changed? If so, tell the Appeals Commission now*

## LIST OF ADDITIONAL DOCUMENTS TO BE ADDED TO THE APPEAL DOCUMENTS PACKAGE

Claim/Account No.: \_\_\_\_\_

This form is to be used if you have any **additional** documents **that were not in the appeals document package** and that you want the Appeals Commission to consider. Please complete the following steps:

Step 1: Organize the additional documents in date order (the earliest date first, the latest date last).

Step 2: In the upper right hand corner of the first page of each additional document write the document number, beginning with 1 for the first document, 2 for the second document and continue on this way to the last document.

Step 3: Enter the document number on the *List of Additional Documents* below and provide all other information about the document. The following is an explanation of each piece of information:

1. **Document Number** – the number you assigned to a particular document
2. **Date of document** – provide the date of the document (e.g. date of medical report/letter/correspondence/form, etc.)
3. **Type of document** – describe the kind of document (e.g. medical report, test results, letter/correspondence/memo, form, etc.)
4. **From** – provide the name of the person who issued the document (e.g. Physician's name, name of health professional/medical facility, case manager, etc.)
5. **Title** – provide the title of the person who issued the document (e.g. general practitioner, type of specialist, etc.)

If you have more than 11 documents use a second form and continue the numbering.

No.	Date of Document	Type of Document	From	Title

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No.	Date of Document	Type of Document	From	Title

No.	Date of Document	Type of Document	From	Title

No.	Date of Document	Type of Document	From	Title

(See other side)

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No.	Date of Document	Type of Document	From	Title

**If there are additional documents please copy this page and continue the list.**

When you send this form to the Appeals Commission, remember to include the documents listed above.

***Contact the Appeals Commission***

For more information, contact the Appeals Commission for Workers' Compensation

- by calling our office in:
  - Edmonton (780) 412-8700
  - Calgary (403) 508-8800
- by picking up information from our office in Edmonton at:
  - 901, 10109 – 106 Street
  - Edmonton, AB T5J 3L7
- by picking up information from our office in Calgary at:
  - 206, 1701 Centre Street North
  - Calgary, AB T2E 7Y2
- through our website at [www.appealscommission.ab.ca](http://www.appealscommission.ab.ca)

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