**ONTARIO PHYSICIANS AND SURGEONS DISCIPLINE TRIBUNAL**

**Tribunal File No.:** Insert No.

College of Physicians and Surgeons of Ontario

**College**

- and -

Dr. [First name(s)] [Last name]

**Member**

**REQUEST TO ADMIT**

You are requested to admit, for the purposes of this proceeding only, the truth of the following facts:

1. List facts using numbered paragraphs. Include one fact in each paragraph.

You are requested to admit, for the purposes of this proceeding only, the authenticity of the following documents. See Rule 12.3 of the *Rules of Procedure*.

1. [Identify each document by disclosure number or describe it and attach a copy]

You must respond using Form 12B **WITHIN 30 DAYS** after the request is delivered to you unless the parties agree, or the Tribunal directs otherwise. If you fail to do so, you will be deemed to admit, for the purposes of this proceeding only, the truth of the facts and the authenticity of the documents set out above.

If your response is served in time but does not respond to each fact and document listed above, you will be deemed to admit, for the purposes of this proceeding only, the truth of the facts and the authenticity of the documents for which you have not provided a response.

If you deny or refuse to admit a fact or the authenticity of a document, and the fact is subsequently proved or the document is authenticated, this may affect any award of costs.

**Date:** Click or tap to enter a date.

Click or tap here to enter Name, address, email and phone number of representative or party filing document.

**TO:**

Click or tap here to insert names of other participants and their representatives, if applicable.