# Choose Discipline Tribunal/Committee.

# **Hearing Information Form -** Choose an item.

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| --- | --- | --- | --- | --- |
| Name of registrant or applicant: | Click or tap here to enter text. |  | Tribunal File No.: | Click or tap here to enter text. |
| Hearing Dates: | Click or tap here to enter text. |  |  |  |

This form provides the Tribunal with information to facilitate the participation of witnesses electronically (if applicable), assist the panel to correctly refer to participants during the hearing and identify the appropriate lawyers as counsel on the reasons. No later than three days before the hearing, please complete and return the form to the Tribunal Office at [tribunal@opsdt.ca](mailto:tribunal@opsdt.ca). Only the Tribunal Office, the panel and the hearing support technicians will use the information and we will not send the form to the other party, as we recognize that contact information can be confidential. We understand that this information can sometimes change so please advise us of changes as soon as possible.

## Counsel/Self-Represented Party Information

Please include self-represented parties, counsel who will appear at the hearing and other counsel who will not attend but whose names should be included on the reasons because they worked on the matter. Under pronunciation, please set out a phonetic pronunciation of the name or embed an audio file.

| Name | Title: e.g. Mr./Ms./Mx. | Pronunciation of last name | Pronouns: e.g. they/their, she/her, he/him | Email | Telephone |
| --- | --- | --- | --- | --- | --- |
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## Registrant Information (to be completed by registrant’s counsel or the registrant)

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| --- | --- | --- | --- | --- | --- |
| Name | Title: e.g. Mr./Ms./Mx. | Pronunciation of last name | Pronouns: e.g. they/their, she/her, he/him | Email | Telephone |
|  |  |  |  |  |  |

## Representative from the College (to be completed by College’s counsel)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Title: e.g. Mr./Ms./Mx. | Pronunciation of last name | Pronouns: e.g. they/their, she/her, he/him | Email | Telephone |
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## Witness Information

If a witness would like a technical rehearsal before the hearing, please contact the Tribunal Office.

| Order of witnesses | Name of witness | Title | Pronunciation of last name | Pronouns | Email | Telephone | Date witness will be called |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
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| 6 |  |  |  |  |  |  |  |