

FORM 16B
Courts of Justice Act
AFFIDAVIT OF SERVICE

BETWEEN:

Name: _____

(Moving Party)

-and-

*Workplace Safety & Insurance Board – WSIB and
Workplace Safety & Insurance Tribunal – WSIAT*

(Responding Parties)

AFFIDAVIT OF SERVICE

I, _____, of the City (town) of _____, in the County of _____, and the Province of _____, MAKE OATH AND SAY:

1. I served the **Workplace Safety & Insurance Board – WSIB**, with the Form 4F – Motion for Constitutional Challenge, by sending a copy by Fax, to (416) 344-3160. On the ____ day of _____, _____. To the legal department for the Workplace Safety & Insurance Board – WSIB.

SWORN before me at the City of _____)
_____,)
in the Regional Municipality of _____)
On the ____ day of _____, _____.)
_____)
a Commissioner etc. for the)
Province of _____)

Name: _____

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AFFIDAVIT OF SERVICE

I, _____, of the City (town) of _____, in the County of _____, and the Province of _____, MAKE OATH AND SAY:

1. I served the **Workplace Safety & Insurance Appeals Tribunal – WSIAT**, with the Form 4F – Motion for Constitutional Challenge, by sending a copy by Fax, to (416) 326-5164. On the ____ day of _____, _____. To the legal department for the Workplace Safety & Insurance Appeals Tribunal – WSIAT.

SWORN before me at the City of _____)
)
)
 in the Regional Municipality of _____)
)
)
 On the ____ day of _____, _____.)
)
)
)
 _____)
 a Commissioner etc. for the)
)
 Province of _____)

Name: _____

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(Responding Parties)

AFFIDAVIT OF SERVICE

I, _____, of the City (town) of _____, in the County of _____, and the Province of _____, MAKE OATH AND SAY:

1. I served the **Attorney General of Ontario – AGO**, with the Form 4F – Motion for Constitutional Challenge, by sending a copy by Fax, to (416) 326-4015. On the ____ day of _____, _____. To the Constitutional branch for the Attorney General of Ontario.

SWORN before me at the City of _____,
in the Regional Municipality of _____
On the ____ day of _____, _____.

a Commissioner etc. for the
Province of _____

Name: _____

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(Responding Parties)

AFFIDAVIT OF SERVICE

I, _____, of the City (town) of _____, in the County of _____, and the Province of _____, MAKE OATH AND SAY:

1. I served the **Attorney General of Canada – AGC**, with the Form 4F – Motion for Constitutional Challenge, by sending a copy by Fax, to (416) 952-0298. On the ____ day of _____, _____. To the Constitutional branch for the Attorney General of Canada.

SWORN before me at the City of _____,
in the Regional Municipality of _____
On the ____ day of _____, _____.

a Commissioner etc. for the
Province of _____

Name: _____