

THE COURT OF APPEAL FOR ONTARIO

BETWEEN:

PAUL TAYLOR

Appellant
(Applicant)

-and-

WORKPLACE SAFETY & INSURANCE BOARD – WSIB

-and-

WORKPLACE SAFETY & INSURANCE APPEALS TRIBUNAL - WSIAT

Respondents
(Respondents)

AFFIDAVIT OF _____
SWORN _____, 2018

I, _____ of the City/Town of _____, in the County of _____,
and in the Province/Territory of _____.

HEREBY MAKE OATH AND SAY:

1. I, _____ make this affidavit in support of the motion made by Paul Taylor to the Court of Appeal for Ontario. The motion is to have the appeal hearing in the above mention matter video streamed online, which is to accommodate persons with disabilities who have a vested interest in the hearing.

2. As such, I have knowledge of the matters, to which I hereinafter depose, except where from the context it appears that I rely on the information of others, all of which I believe to be true.
3. That it is common knowledge that the Courts in Canada are ‘open to the public’, which means any member of the public may attend and observe the proceedings.
4. That it is also common knowledge that the courts in Ontario, as in any other Province of Canada, offers *services* to Canadians and fall under section 1, of the *Ontario Human Rights Code* R.S.O. 1990.
5. I am an injured worker and have a vested interest in observing the appeal hearing of the above-mentioned matter.
6. I have a/several disability(ies) which are recognized under the *Ontario Human Rights Code* R.S.O. 1990.
7. My disability(ies) prevent me from attending the appeal hearing in the above-mentioned matter in person at 130 Queen Street, Toronto, Ontario on September 13, 2018.

8. I am therefore requesting that the Court of Appeal for Ontario accommodate my disability(ies) by allowing the appeal hearing in the above-mentioned matter, which is to be heard on September 13, 2018 to be video streamed online.

9. I swear and affirm this affidavit in SUPPORT OF PAUL TAYLOR’S MOTION to have the appeal hearing in the above-mentioned matter video streamed online on September 13, 2018, which is to accommodate my request for disability accommodations.

SWORN before me at)
)
The City/Town of _____,)
)
in the County of _____,)
)
in the Province of _____)
)
This ____ day of _____ 2018.)
)
)
)
)
)

A Commissioner etc. for the
Province/Territory of _____

Your Name
(_____)