# Dispute Resolution

## Invoice for Costs of the Mediation or Costs of the Arbitration

Submit this form and all attachments by registered mail, fax, email or courier to the following address:

The Secretary, Dispute Resolution Panel

120 Adelaide Street West, Suite 1600

Toronto, Ontario

M5H 1T1

Fax: 416-506-2843

Ensure you retain proof of service. Service by email will be effective when email confirmation has been received by the party serving the form, from the receiving party.

All information submitted in this process will be used by the IESO solely in support of its obligations under the “Electricity Act, 1998”, the “Ontario Energy Board Act, 1998”, the “Market Rules” and associated policies, standards and procedures and its licence. All information submitted will be assigned the appropriate confidentiality level upon receipt.

Terms and acronyms used in this Form that are italicized have the meanings ascribed thereto in Chapter 11 of the “Market Rules”.

| Part 1 – *Mediator/Arbitrator*– General Information |
| --- |
| This form is filled by:[ ]  A *Mediator*Name of *Mediator*:       Address of *Mediator*:                  GST Number of *Mediator* (where applicable):       | [ ]  An *Arbitrator*Name of *Arbitrator*:      Address of *Arbitrator*:                  GST Number of *Arbitrator* (where applicable):       |
|  |  |

| Part 2 – *Applicant* – General Information  |
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| Organization Name:        |
| Address:        |
| City/Town:        | Province/State:        |
| Postal/Zip Code:        | Country:        |
| Main Contact |
| Name:        | Title:        |
| Telephone No.:        | E-mail Address:        |
| Fax Number:        |  |
| *Market Participant/Metering Service Provider* No.:        | *IESO* Help Centre (IHC) Ticket No. (if available):        |
| Dispute Number:        |
| Alternate Contact (if any) |
| Name:        | Title:        |
| Telephone No.:        | E-mail Address:        |
| Fax Number:        |  |

If there was more than one *Applicant* involved in the dispute, please provide the information in Part 2 for each *Applicant*.

| Part 3 – *Respondent* – General Information |
| --- |
| Organization Name:       |
| Address:        |
| City/Town:        | Province/State:        |
| Postal/Zip Code:        | Country:        |

| Part 3 – *Respondent* – General Information (Continued) |
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| Main Contact |
| Name:        | Title:        |
| Telephone No.:        | E-mail Address:        |
| Fax Number:        |  |
| *Market Participant/Metering Service Provider* No.:       | *IESO* Help Centre (IHC) Ticket No. (if available):       |
| Dispute Number:        |
| Alternate Contact (if any) |
| Name:        | Title:        |
| Telephone No.:        | E-mail Address:        |
| Fax Number:        |  |

If there was more than one *Respondent* involved in the dispute, please provide the information in Part 3 for each *Respondent*. Include a separate sheet if required.

| Part 4 – Intervenor – General Information |
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| Organization Name:       |
| Address:        |
| City/Town:        | Province/State:        |
| Postal/Zip Code:        | Country:        |
| Main Contact |
| Name:        | Title:        |
| Telephone No.:        | E-mail Address:        |
| Fax Number:        |  |
| *Market Participant/Metering Service Provider* No.:       | *IESO* Help Centre (IHC) Ticket No. (if available):       |
| Dispute Number:        |
| Alternate Contact (if any) |
| Name:        | Title: |
| Telephone No.:        | E-mail Address:        |
| Fax Number:        |  |

If there was more than one Intervenor involved in the dispute, please provide the information in Part 4 for each Intervenor. Include a separate sheet if required.

| Part 5 – Description of the Dispute |
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| Dispute Number:      |
| Dispute involving the following parties and intervenors:     *Applicant(s)*:     *Respondent(s)*:     Intervenor(s):      |
| If this form relates to the costs of the mediation:Date of appointment with the *Mediator*:      Date(s) of the Mediation session(s):      Date of settlement or termination of mediation:       |
| If this form relates to the costs of the arbitration:Date(s) of appointment of *Arbitrator*:      Date(s) of arbitration hearing:      Date of settlement or issuance of arbitration award:      If arbitration award issued, summary of arbitration award:       |

| Part 6 – Costs of the Mediation |
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| Costs of the mediation consist of:Fees payable to *Mediator* (Cdn) including GST:$     Total disbursements (Cdn) including GST: $      Photocopy: $      Facsimile: $      Long Distance Charges: $       Travel and meal Expenses: $      Expert advisor fees: $     Other (please specify): $     Total amount of costs of the mediation (Cdn) including GST: $      |
| Payment is due by :       |

| Part 7 – Costs of the arbitration |
| --- |
| Costs of the Arbitration consists of:Fees payable to member(s) of the Arbitration Panel (Cdn) including GST: $     Total disbursements (Cdn) including GST: $      Photocopy: $      Facsimile: $      Long Distance Charges: $       Travel and meal Expenses: $      Expert advisor fees: $     Other (please specify): $     Total amount of costs of the arbitration (Cdn) including GST: $      |
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| Part 7 – Costs of the Arbitration (Continued) |
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| Please indicate any awards as to costs made in the arbitration award in respect of each *applicant*, *respondent* and intervenor:      |
| Payment is due by :       |

| Part 8 – Supporting Documentation AttachedReceipts are required for all travel and meal expenses, expert advisor fees and other applicable disbursements other than photocopy, facsimile and long distance charges. |
| --- |
| [ ]  Yes | [ ]  No |

| Part 9 – Authorization |
| --- |
| By signing below, you confirm that all the information provided in this invoice is correct. |
|      Name (Please Print) |  |      Title |
|       Signature |  |      Date |