# Dispute Resolution

## Dispute Resolution Form for Written Submissions For Arbitration

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

Arbitrator

[Address for service of the Arbitrator as published by the IESO]

**[Street Address]** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[City, Province]** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[Postal Code]** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[Fax Number]** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[Email]** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant(s)/Respondent(s)

[**Party Name]** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[Street Address]** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[City, Province]** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[Postal Code]** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[Fax Number]** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[Email]** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

All information submitted will be assigned the appropriate confidentiality level upon receipt.

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.

| Part 1 – General Information about the Applicant/Respondent | |
| --- | --- |
| These are the written submissions and other materials of:  an Applicant  a Respondent  an Intervenor | |
| 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: |  |

| Part 2 – Representation |
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| Represented by:  Legal Counsel  Other (please specify)  Name:  Address:  Fax:  Email: |

| Part 3 – Submissions on Issues in Dispute, Witness Names and Statements, List of Documents Please provide a written statement containing your submission on each issue in dispute. For additional submissions please include a separate page. |
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| Part 3 – Submissions on Issues in Dispute, Witness Names and Statements, List of Documents (Continued) |
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| Part 4 – List of Documents |
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| Please provide a list of documents to be filed at the arbitration hearing:  1.  2.  3.  4.  5. |

Please attach all documents listed above.

| Part 5 – List of Witnesses |
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| Please provide a list of witnesses intended to be called at the arbitration hearing together with a concise written summary of the anticipated evidence of each witness |
| Witness Name: |
| Concise Summary: |
| Witness Name: |
| Concise Summary: |
| Witness Name: |
| Concise Summary: |
| Witness Name: |
| Concise Summary: |
| Witness Name: |
| Concise Summary: |
| Witness Name: |
| Concise Summary: |

For additional witnesses please include a separate page.

| Part 6 – Declaration |
| --- |
| The undersigned, a duly authorized representative of the party submitting these written submissions and other materials, hereby declares that the information contained in and submitted in support of this documentation is, to the best of the party’s knowledge, complete and accurate. |
| Dated at the City of \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , Province/State \_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_     \_\_\_\_\_\_ , \_\_\_\_     \_\_\_\_\_\_\_.  Signature: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I have authority to bind the *applicant/respondent*. |