# Dispute Resolution

## Application for Leave to Intervene

Submit this Application by registered mail, fax, email or courier to the following address:

(\*\*Only include this portion if the form is to be submitted in hard copy\*\*)

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

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

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

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

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

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

All parties to the dispute:

Party A:

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

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

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

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

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

Party B:

**[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.

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.

| Part 1 – General Information – Applicant for Leave to Intervene | |
| --- | --- |
| 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 – Reason for Application for Leave to Intervene The      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of organization], wishes to intervene in      \_\_\_\_\_\_\_\_\_\_\_\_\_ [dispute number] proceeding. If granted leave, the      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of organization] intends to participate at the hearing in the following manner: Nature of Participation | |
| --- | --- |
| Describe the nature of the participation sought (i.e. oral representations; written representations; cross-examination of witnesses, etc.) | |
|  | |

| Part 3 – Submissions The submissions must include a statement as to why the applicant for leave to intervene may be directly affected by the award of the Arbitrator and the position of the applicant for leave to intervene on the issues involved in the disputes (to the extent that the applicant for leave to intervene has a position with respect to each). Please attach copies of any documents that will be relied upon in support of this application for leave to intervene. |
| --- |
| Please provide a list of documents to be filed at the arbitration hearing:  1.  2.  3.  4.  5. |

For additional submissions, please include a separate sheet.

Please attach all documents listed above.

| Part 4 – Acknowledgement and Acceptance |
| --- |
| The undersigned, a duly authorized representative      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of organization] acknowledges and accepts the provisions of section 2.7.33 of Chapter 3 of the Market Rules relating to the costs and expenses of intervenor participation in arbitration hearings and to the payment of the costs of the arbitration. |
| Dated at the City of      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , Province/State      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of      \_\_\_\_\_\_\_\_\_\_\_ ,      \_\_\_\_\_\_\_\_\_\_\_.  Signature:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| For Internal Purposes Only (And not required to be filled in by the Applicant for leave to intervene) This Application for leave to intervene was: |
| --- |
| Granted  Not granted |
| Reason for Decision: |

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* For Internal Use Only\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*