# Dispute Resolution

## Form for Written Reply Submissions for Arbitration

This form is intended to be used to file written reply submissions and other materials to the extent that the submissions and other materials of another party raise new facts and/or issues that could therefore not have been addressed in the earlier submissions or materials filed by the replying party

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]

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

**[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 reply submissions and other materials of:  an Applicant  a Respondent (Applicant by counterclaim or cross claim) | |
| Organization Name: | |
| Address: | |
| City/Town: | Province/State: |
| Postal/Zip Code: | Country: |

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

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

| Part 3 – REPLY Submissions on Issues in Dispute, Witness Names and Statements, List of Documents | |
| --- | --- |
| Please provide a written statement containing your reply submission on each issue in dispute to the extent not previously addressed in earlier submissions or materials. For additional submissions please include a separate page. | |
|  | |

| Part 4 – List of Documents |
| --- |
| Please provide a list of documents to be filed at the arbitration hearing in support of these reply submissions, to the extent not previously identified in earlier submissions or materials:  1.  2.  3.  4.  5. |

Please attach all documents listed above.

| Part 5 – List of Witnesses |
| --- |
| Please provide a list of witnesses intended to be called at the arbitration hearing in support of these reply submissions, together with a concise written summary of the anticipated evidence of each witness, to the extent not previously identified in earlier submissions or materials: |
| Witness Name: |
| Concise Summary: |
| Witness Name: |
| Concise Summary: |
| Witness Name: |
| Concise Summary: |

| Part 5 – List of Witnesses (Continued) |
| --- |
| Witness Name: |
| Concise Summary: |
| Witness Name: |
| Concise Summary: |
| Witness Name: |
| Concise Summary: |

For additional witnesses, please include on 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*. |