

## Important Information

- To summon a witness to a hearing, you must complete this Summons to a Witness form and submit it to the Animal Care Review Board for consideration and signature.
- Incomplete or illegible forms may result in a Summons request being denied.

<b>To:</b> Name of Witi Last Name	ness		First Name	Middle Initial
Of: Address				
Unit Number	Street Number	Street Name		PO Box
City/Town/Municipality			Province	Postal Code

Describe the relationship of this witness to this case.

_	v summoned and reld at the follow	•	I before the Animal Care Rev	iew Bo	ard at a
Unit Number	Street Number	Street Name			
City/Town/Municipality			Province	Postal Code	
Or if teleconference, phone number to be used			On the date of (yyyy/mm/dd) at the		time of a.m
You are require	ed to bring with	you and produce at	t the hearing the following do	cumer	nts and items.
		the witness should b			
provide as follow (1) A witness at rights, but s (2) Where an o except when	vs: t an oral or electro uch representativ ral hearing is clos n that witness is o	onic hearing is entitle e may take no other ed to the public, the	ocedure Act, R.S.O. 1990, c. Sed to be advised by a represent part in the hearing without lear witness's representative is not	tative a ve of the entitled	s to his or her e Tribunal. d to be present
Signature of the	Board			Date (	/yyy/mm/dd)

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## Important Information for the Witness Being Summoned

- A summons to witness must be served to you personally.
- You are entitled to be paid the same fees or allowances for attending at or otherwise participating in the hearing as are paid to a person summoned to appear before the Superior Court of Justice.
- If you fail to attend or remain in attendance as this summons requires, or if you fail to produce the
  documents or items specified above, the Superior Court of Justice may order that a warrant for your
  arrest be issued, or that you be punished in the same way as for contempt of court.
- If you require accommodation under the Human Rights Code to participate in the hearing as required, contact the Board.

This summons Name of Reque		at th	ne request of, and i	nquiries about it may b	e directed to	:
Last Name			First Name		Middle Initial	
Address						
Unit Number	Street Num	ber	Street Name			PO Box
City/Town/Municipality			Province		Postal Code	
Telephone Number Fa		Fax Number		Email Address	,	

The Animal Care Review Board (ACRB) collects the personal information requested on this form under section 38 of the *Provincial Animal Welfare Services Act* and section 9(5) of Ontario Regulation 443/19 for the purpose of conducting an appeal proceeding before the ACRB. All information, including sensitive personal and financial information, submitted as part of a proceeding may become public in an open hearing and may be contained in decisions, orders, and case files, unless an order to restrict access is made. Any questions about the collection of information may be directed to the ACRB at <a href="https://acrea.acreation.com/ACRB.registrar@ontario.ca">ACRB.registrar@ontario.ca</a>.

## If you have any questions, please contact

Animal Care Review Board 15 Grosvenor St, Ground Fl Toronto ON M7A 2G6

Telephone: 416-327-0111 / 1-888-777-3616 Teletypewriter (TTY): 1-800-855-0511 Fax: 416-314-4270 / 1-800-720-5292

Website: <u>tribunalsontario.ca/acrb</u>
Email: <u>ACRB.registrar@ontario.ca</u>

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