HOSPITAL APPEAL BOARD



Hospital Act (R.S.B.C 1996, c. 200)

SUMMONS TO A WITNESS

Form 2 [Rule 11(3)]

IN THE MATTER OF AN APPEAL TO THE HOSPITAL APPEAL BOARD

Address:	В	etween: Name of Appellant
Address:		and
Address:		Name of Respondent
Pursuant to section 46(4.2) of the Hospital Act and section 34(1) of the Administrative Tribunals Act (ATA), you have been summoned as a witness by: (party issuing the summons) You are required to attend before the Hospital Appeal Board of British Columbia to give evidence as a witness at the place, date and time noted below: Place: Date and Time: You are required to bring the following records and other things: DATED at, British Columbia, thisday of, 200	TO:	Name:
(party issuing the summons) You are required to attend before the Hospital Appeal Board of British Columbia to give evidence as a witness at the place, date and time noted below: Place: Date and Time: You are required to bring the following records and other things: DATED at, British Columbia, thisday of, 200		Address:
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Date and Time: You are required to bring the following records and other things: DATED at, British Columbia, thisday of, 200		• • • • • • • • • • • • • • • • • • • •
DATED at, British Columbia, thisday of, 200		
DATED at, British Columbia, thisday of, 200		
SIGNED:		
	DATED a	at, British Columbia, thisday of, 200
	SIGNED	(To be signed by the person issuing the summons)

**Unless the Board sets aside this summons on your application to the Board before the date of your required attendance, your failure or refusal to attend the hearing, take an oath, answer questions or produce records make you, on application to court by the tribunal, liable to be committed for contempt as if in breach of an order or judgment of the court. **

Telephone: 250-387-3464

Facsimile: 250-356-9923