

Social Benefits Tribunal
1075 Bay Street 7th Floor,
Toronto, ON M5S 2B1
FAX 1-416-326-5135

Mr. Robert T. Chisholm,
[REDACTED]
Ottawa,
ON [REDACTED]

Tel: [REDACTED]
Fax: [REDACTED]
e-mail: [REDACTED]

March 22nd, 2007

For the attention of: Ms. Tina Capocelli – Appeal Resolution Officer

Dear Sirs,

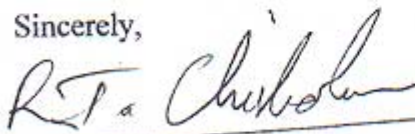
Re: Tribunal File 0605-04207 (OTT) – Social Benefits “Overpayment” – Request for Re-Consideration of Decision dated February 23rd 2007.

In reply to your letter and enclosure dated March 5th, I enclose my formal Request for Re-Consideration.

There is also one additional document – from the Royal Bank, the mortgage holder on our old property in Montreal – which shows that it actually sold for just \$135,000 as opposed to the figure of “about \$150,000” which I mentioned at the Hearing.

Thus our financial position was actually WORSE than I had previously indicated.

Sincerely,



Robert T. Chisholm

cc. Mr. R. Fox, City of Ottawa

FAX 613-580-2652



Questions?

Toronto:
(416) 326-0978
Outside Toronto:
1-800-753-3895
Fax:
(416) 326-5135

Mall to:
Registrar
Social Benefits Tribunal
1075 Bay Street, 7th Floor
Toronto ON
M5S 2B1

Office Use Only

File number _____

Date post-marked _____

The Reconsideration Process

You have thirty (30) days after receiving the appeal decision to submit your application for reconsideration.

The Tribunal will advise you within sixty (60) days of receiving your request whether or not it will grant a reconsideration hearing.

Disponible en français.

1. General Information

This application is to be used when you request the Social Benefits Tribunal to reconsider a decision made on an appeal. Please complete all of the following sections. For more information on the reconsideration process, please see the side panels.

- Are you the appellant or the respondent ?
- The file number on the appeal decision is 0605-04207
- The date of the appeal decision is 23 / FEB. / 2007
Day / Month / Year

2. Information about the Appellant

Mr Mrs Ms Miss
 LAST NAME CHISHOLM
 FIRST NAME ROBERT
 ADDRESS _____
 APARTMENT _____ TELEPHONE _____
 CITY OTTAWA POSTAL CODE _____

- Appellant's date of birth is _____
Day / Month / Year

3. Information about the Respondent

- The Respondent is an Ontario Works office or Ontario Disability office.

OFFICE NAME ADMINISTRATOR, SOCIAL SERVICES DEPT.
 OFFICE ADDRESS 110 LAURIER AVENUE WEST
 CITY OTTAWA POSTAL CODE K1P 1J1
 TELEPHONE (613) 580-2424 EXT. 25715
 CONTACT MR. RICHARD FOX, CASE PRESENTING OFFICER

FAX 613-580-2652

4. Request for Reconsideration

- Why should the Tribunal grant your request for a reconsideration hearing. Please give your reasons below. Attach additional pages if necessary.

The reasons are set out in detail in my letter of March 5th.

However, they can be summarized as:-

1. A current member of the Social Benefits Tribunal, Mr. Roger R. Presseault, was partly responsible for creating the problem which led to the hearing of my case on January 17th. This alone is FATAL to the decision of February 23rd. 2007
2. With regard to the property in Montreal which was also a key cause of the trouble, it was actually sold by the mortgage holder - the Royal Bank of Canada - in August 2000, for just \$135,000 LESS THAN the figure of "about \$150,000" which I gave at the hearing. This is documented in a FAX received from the bank yesterday, copy enclosed, after I requested documentation. Thus, our position was actually ~~even~~ WORSE than I indicated previously and if we had sold the property in 1995 we would not even have been able to pay the legal fees and other things!

You must send a copy of this application for reconsideration to those people who were parties to the original appeal decision.

Other parties may, within fifteen (15) days of receiving copies of this application for reconsideration, file a written submission with the Tribunal in response to this application.

If you have any questions about the collection of this information, please contact the Tribunal at 1-800-753-3895.

5. Notice of Service

- Were there other parties to the original hearing other than the appellant and respondent? No Yes Please provide the name(s):

- I have served a copy of this application on the other parties by:

- prepaid regular post to the last known address,
- delivering it personally,
- sending a facsimile (fax).

Signature

RT Chisholm

Date

March 22, 2007

Name (please print)

ROBERT T. CHISHOLM

The Social Benefits Tribunal collects the personal information requested on this form under the Ontario Works Act, 1997, S.O. 1997, c.25, Sched. A. It will be used in deciding whether or not a reconsideration hearing will be granted and will become part of the Tribunal's file.



RBC Banque Royale/RBC Royal Bank
C.P. 1144 / Station Centre / Ile 2^e Floor / Montreal Qc H3C 5J4
de Téléphone/Telephone #: 514-385-3557 // 1-877-673-7840
de Télécopieur/Fax #: 514-218-2005 // 1-877-673-2980

Date: March 21, 2007

Destinataire/To: M. Robert T. Chisholm

Télécopieur/Fax:

Expéditeur/From: Sylvie Mathe

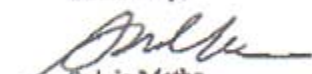
PAGES: 1 INCLUANT LA PAGE COUVERTURE/ INCLUDING COVER PAGE

Property : 3510 Sherbrooke E. MTL - mtg # 38529111/001

Good day,

Referring to your fax of today, this is to confirm that the above mentioned property has been sold by the Royal Bank of Canada in August 2000 for the price of \$135,000.00.

Yours truly,


Sylvie Mathe

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Cette transmission est confidentielle et protégée. L'expéditeur ne renonce pas aux droits et obligations qui s'y rapportent. Toute diffusion, utilisation ou copie de ce message ou des renseignements qu'il contient par une personne autre que le (les) destinataire(s) désigné(s) est interdite. Si vous recevez cette transmission par erreur, veuillez m'en aviser immédiatement, par retour de transmission ou par un autre moyen.

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