

**Blank Statement of Facts
(Employment Law Matter)**

Case Information

Case Name: _____

Case Number: _____

Court/Tribunal: _____

Parties

Name of Employee: _____

Name of Employer: _____

Other Parties (if any): _____

Statement of Facts

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Declaration

I declare that the above statements are true to the best of my knowledge and belief.

Signature

Name (Print)

Date: _____