



Submit Completed Form

**THE APPEAL COMMISSION**

THE WORKERS COMPENSATION ACT OF MANITOBA

**WITNESS LIST**

Worker/Employer: \_\_\_\_\_ Claim/Firm Number: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (work) \_\_\_\_\_ Email: \_\_\_\_\_

**Witness List of** \_\_\_\_\_ *(insert name)*

Name of witness	Description of witness (fact witness, expert, other) Summary of expected evidence

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Filing the Request**

A party who is bringing witnesses to a hearing must file the witness list with the Appeal Commission at least 5 business days before the hearing.

**Notifying the other parties**

A party bringing witnesses to a hearing must provide a copy of the witness list to all persons with a direct interest who are participating in the appeal at least 5 business days before the hearing.