



**THE APPEAL COMMISSION**  
THE WORKERS COMPENSATION ACT OF MANITOBA

**PRE-HEARING REQUESTS**

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

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

I, \_\_\_\_\_, request:  
*(insert name)*

ADJOURNMENT

SUBPOENA WITNESS

OTHER  \_\_\_\_\_

This request is required because of the following circumstances:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Filing the Request**

A party who makes a request must file a copy of the request with the Appeal Commission.

**Appeal panel to decide**

The appeal panel will decide whether to allow the request and may provide oral or written reasons for its decision.