THE APPEAL COMMISSION

THE WORKERS COMPENSATION ACT OF MANITOBA

REQUEST TO FILE ADDITIONAL EVIDENCE

Do not provide the additional evidence unless asked to do so

Worker/Employer:_____ Claim/Firm Number: _____

Telephone (home): _____ (cell) _____ Email: _____

I,_____, request permission to file additional
(insert name)

evidence for the hearing scheduled for_____.
(insert date of hearing)

Description of additional evidence (e.g. healthcare provider report) and explanation why evidence should be accepted.

_____ _____

Signature Date

Filing the Request

A party who requests to file additional evidence must file the request with the Appeal Commission.

Appeal panel to decide

The appeal panel will decide whether to accept the additional evidence and may provide oral or written reasons for its decision.