



THE APPEAL COMMISSION

The Victims' Bill of Rights

**REQUEST TO FILE ADDITIONAL EVIDENCE**

**Do not provide the additional evidence unless asked to do so**

Claimant: \_\_\_\_\_

Claim 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.