



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.