



THE APPEAL COMMISSION

The Victims' Bill of Rights

WITNESS LIST

Claimant: _____ Claim Number: _____

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

Witness List of _____ *(insert name)*

| Name of witness and Description | 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.