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THE APPEAL COMMISSION

The Victims' Bill of Rights

**REQUEST FOR ADJOURNMENT**

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

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

I, \_\_\_\_\_, request that the appeal currently scheduled  
*(insert name)*

for \_\_\_\_\_ be adjourned.  
*(insert date of hearing)*

This adjournment is required because of the following circumstances:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Filing the Request**

A party who requests an adjournment must file a copy of the request with the Appeal Commission.

**Notifying the other parties**

A party who requests an adjournment must provide notice of the request on all persons with a direct interest who are participating in the appeal.

**Appeal panel to decide**

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