



Submit Completed Form

THE APPEAL COMMISSION
THE WORKERS COMPENSATION ACT OF MANITOBA

REQUEST TO FILE ADDITIONAL EVIDENCE

Worker/Employer: _____ Claim/Firm Number: _____

Telephone (home): _____ (work) _____ 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. **Do not provide the additional evidence unless asked to do so.**

Signature

Date

Filing the Request

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

Notifying the other parties

A party who requests to file additional evidence must provide a copy of the request to all persons with a direct interest who are participating in the appeal.

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.