



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

orwritten reasons for its decision.