

Application for Appeal

Representation:

Will someone else be helping you? Yes No

If yes, please indicate who that will be: _____

Lawyer If yes, please provide the name of the law firm: _____

Family member Advocate Guardian/Power of Attorney Executor/Administrator of Estate

Other (specify): _____

Representative Information (If applicable, provide your representative's contact information):

Last name	First name	Home telephone number
Address	Email address	Work telephone number
City/town	Province	Postal code
		Cell phone number

All correspondence will be with you unless you instruct us otherwise.

Once you file an appeal, you will have access to the Appeal Advisor Program. The Appeal Advisor Program provides free independent advice and representation in preparing and presenting your case for appeal. For further information, please contact 1-833-233-1003 or by email at sgiappealadvisor@gov.sk.ca or check the box below:

I would like the Appeal Advisor Program to contact me and, for this purpose, I authorize the Commission to provide my contact information and a full copy of my appeal to an Advisor.

You should know

Through the course of the appeal process, the Commission will collect personal information about you (the claimant), including medical, financial and employment information and possibly photographs from the accident scene, etc. We collect this directly from you or your representative and SGI. This information is used for the purposes of conducting the appeal hearing and arriving at a decision.

Hearings are open to the public and a recording or transcript of the hearing, documents referenced during the proceedings and the written decision form part of the public record, and are accessible under *The Freedom of Information and Protection of Privacy Act*.

Written decisions are posted to www.canlii.ca, however your identity is masked.

More detailed information about our privacy policy can be found on the AIAC web site. Your signature below indicates your consent for the collection, use and disclosure of personal information as described.

If you need assistance completing this form, please call the AIAC at (306) 798-5545 or toll free at 1-866-798-5544 or visit our website at www.saskatchewan.ca/aiac.

Signature of claimant or representative: _____

Date: _____

Automobile Injury Appeal Commission

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