

# Application for Leave and Variation



## Automobile Injury Appeal Commission

504-2400 College Avenue Phone: (306) 798-5545  
Regina, Saskatchewan Toll Free: 1-866-798-5544  
S4P 1C8 Fax: (306) 798-5540

**The applicant completes Part 1 and serves a copy of this application on the opposing party prior to filing with the Automobile Injury Appeal Commission. Proof of service should be sent with application at time of filing.**

### Part 1 – Application for Leave (completed by the applicant)

Applicant (claimant or insurer): _____			
Applicant's Address: _____			
Address	City/Town	Province	Postal Code
Applicant's Telephone Number: _____		Other Telephone Number: _____	
Appeal Information:			
AIAC File # _____ of _____		Date of Written Decision: _____	
SGI File # _____		Citation Number: _____ (example: 2003 SKAIA 099)	
Please explain the change in circumstances resulting in your request for variation:			
Please list the documents you are relying on to support the change in circumstances:			
_____	_____	_____	
Date	Applicant or Representative	Applicant's Signature	

### Part 2 – Leave Granted (completed by Commission)

Request for Leave Denied:    Yes    No (Please see written reasons attached)
Leave Granted (applicant may proceed with Application for Variation): _____ Signed by authorized Commission Member
The Commission requires the applicant to provide the following information at time of filing the Application for Variation:

**Part 3 – Application for Variation (to be completed by applicant, conditional on leave granted in Part 2)**

**Please attach:**

- any affidavit evidence that is to be used;
- copies of medical or financial documentation supporting this application;
- any other information requested by the Commission as noted in Part 2; and
- \$75.00 application fee or Fee Waiver Application

Relief Sought:

Grounds to be argued:

Claimant Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Additional Claimant Information (completed if application filed by claimant)**

Claimant Representative: *(attach proof of power of attorney, parent, guardian, trustee, other)*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Claimant Solicitor: \_\_\_\_\_ Organization: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**I certify that the information contained in this application form is true and that no relevant information has been withheld. I understand that Commission Hearings are open to the public and that Commission decisions are available on the Canadian Legal Information Institute's website ([www.canlii.ca](http://www.canlii.ca)).**

Date

Applicant

Applicant's Signature

*Please note: Only the applicant or their representative can sign this application.*