

# Application for Leave and Variation

## Automobile Injury Appeal Commission

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

Date Applicant or Representative Signature

**Contact the Automobile Injury Appeal Commission**

E323 - 2440 Broad Street  
REGINA, SK S4P 0A5  
www.saskatchewan.ca/aiac

Phone:(306) 798-5545 Toll free:  
1-866-798-5544  
Fax: (306) 798-5540 email:  
aiac.inquiries@gov.sk.ca