

# 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:

of

SIG 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](http://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](http://www.saskatchewan.ca/aiac)

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