

Please see *Practice Guideline #7-Requesting Interim Relief* for information that will help you complete this form.

Section 1: Applicant contact information						<input type="checkbox"/> Worker <input type="checkbox"/> Worker's Representative	
Name of Applicant	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last name				Given name(s)	
Street			Apartment, suite or unit number				
City/Town			Province	Postal code			
Home ()	Work ()	Mobile phone ()	Fax ()	Messages only ()			
Section 2: Claim Information							
Claim Number(s) _____							
Section 3: Application for Interim Relief							
You must answer <u>all</u> questions below for us to accept your application.							
Does the worker have an arguable case? (Arguable case is a case that presents sufficiently detailed facts, identifies legal or factual issues that are plausible and which, if accepted by the decision maker, could substantially affect the decision in the case.)							

Does the decision under review or appeal affect the entitlement to current wage loss benefits, and the sum in question is greater than \$500?							

Section 3: Application for Interim Relief

Is the worker, spouse or adult interdependent partner ineligible for any other financial support?

Without interim relief, would the worker and his/her family be placed in necessitous circumstances such as probable inability to afford basic necessities of life such as food, clothing and shelter, or face probable forfeiture or seizure of assets (for example, the family home)?

Section 4: Signature

Signature

Date (dd/mm/yy)

Print the name of the person signing: _____

You can send this application to us by mail, fax, personal delivery or courier to one of our two offices.

Edmonton

Appeals Commission for Alberta Workers' Compensation
1100,10405 Jasper Avenue
Edmonton AB T5J 3N4
Tel: 780-412-8700
Fax: 780-412-8701

Calgary

Appeals Commission for Alberta Workers' Compensation
2300, 801 – 6th Avenue SW
Calgary AB T2P 3W2
Tel: 403-508-8800
Fax: 403-508-8822

You can view our web site at: www.appealscommission.ab.ca

The personal information that you are being asked to provide is collected under the authority of section 33(c), and managed in accordance with the *Freedom of Information and Protection of Privacy Act*. The information will be used for the purpose of processing your request for a hearing with the Appeals Commission for Alberta Workers' Compensation. One of the most important aspects of the Appeals Commission's process is that every party to the appeal knows the case that is to be heard and has an opportunity to respond. This means that documents related to the appeal will be shared with all other parties to the appeal, including the Workers' Compensation Board. The information collected may also be used for quality assurance purposes. If you have any questions regarding the collection or use of your personal information please contact one of the above offices and ask to speak with an Appeals Officer.

