

Practice Guideline #2A has information about Notices to Attend or Produce Documents

Section 1: Claim/Account information

Claim/Account #: _____

Section 2: Applicant information

Mr. Miss Name of person (or company) applying
 Mrs. Ms.

Street _____ Apartment, suite or unit number _____

City/Town _____ Province _____ Postal code _____

Home () Work () Mobile phone () Fax ()

Section 3: Representative information

Mr. Miss Representative's name (if applicable)
 Mrs. Ms.

Street _____ Apartment, suite or unit number _____

City/Town _____ Province _____ Postal code _____

Home () Work () Mobile phone () Fax ()

Section 4: Witness contact information

Mr. Miss Name of individual
 Mrs. Ms.

Street _____ Apartment, suite or unit number _____

City/Town _____ Province _____ Postal code _____

Home () Work () Mobile phone () Fax ()

Section 5: Other required information

Hearing date _____ Hearing time _____ Hearing location _____

If documents are requested, I have attached a detailed description of the documents. Check to confirm

Section 6: Reasons

Please select all the reasons that apply to your request:

<input type="checkbox"/> Reason 1	The person receiving the notice has access to the evidence or documents required.
<input type="checkbox"/> Reason 2	The person and/or the evidence or documents will significantly help determine one or more of the issues raised in the appeal.
<input type="checkbox"/> Reason 3	The evidence or documents are not in the Appeals Document Package.
<input type="checkbox"/> Reason 4	There is no other way to get the evidence or documents.
<input type="checkbox"/> Reason 5	Other reasons.
<input type="checkbox"/> Reason 6	I have asked the witness to voluntarily come to the hearing and/or produce the evidence or documents and the witnesses have refused to do so.

Please explain these reasons in section 7 of this form.

Section 7: Details of the reasons

Please explain specifically why the reason(s) you selected in section 6 make it necessary to issue a Notice.

Reason # ____:

Reason # ____:

Reason # ____:

Reason # ____:

Conduct Money Worksheet

Conduct money			Rate		Amount
Daily allowance					
Witness	# of days		X	\$50	= \$
Expert witness	# hrs		X		= \$
Meals					
	# of breakfasts		X	\$9.20	= \$
	# of lunches		X	\$11.60	= \$
	# of dinners		X	\$20.75	= \$
Accommodation					
Estimated* cost for a reasonable hotel room	# of nights		X		= \$
OR Allowance for private accomodation	# of nights		X	\$20.15	= \$
Travel					
Driving distance	in kilometers		X	\$0.505	= \$
OR public transportation	Actual cost				\$
OR actual airfare (for distances over 200Km only)	Actual cost				\$
Photocopying					
Pages copied under the Notice to Produce Documents	# of pages		X	\$0.15	= \$
TOTAL					\$

*Where the estimated costs are lower than the actual costs, the witness should advise the applicant and the hearing panel. The applicant will be expected to reimburse the witness for the additional costs.

Section 8: Signature

Signature of the applicant or representative

Date (dd/mm/yy)

Print name of person signing

If you need more space for your detailed reasons, please copy page two and continue your explanations.

You can send this form 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.

For Appeals Commission
Use Only