

# Application for a Notice to Attend or Produce Documents

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

Your application is for:

- Notice to Attend
- Notice to Produce
- Both

## Section 1: Claim/Account information

Claim/Account#: \_\_\_\_\_

## Section 2: Applicant contact information

Name of Person (or Company) applying \_\_\_\_\_

Street		Apartment, Suite, Unit Number or PO Box #	
City/Town		Province	Postal Code
Home Phone	Work Phone	Cell Phone	Fax Number

Email Address \_\_\_\_\_

## Section 3: Representative information

Representative's Name (if applicable) \_\_\_\_\_

Street		Apartment, Suite, Unit Number or PO Box #	
City/Town		Province	Postal Code
Work Phone	Cell Phone		Fax Number

Email \_\_\_\_\_

Section 4: Witness contact information			
Name of Individual			
Street		Apartment, Suite, Unit Number or PO Box #	
City/Town		Province	Postal Code
Work Phone	Cell Phone	Fax Number	
Email Address			

**If the contact information changes, you must update the Appeals Commission immediately.**

Section 5: Other required information		
Hearing Date	Hearing Time	Hearing Location
If documents are requested, I have attached a detailed description of the documents. <input type="checkbox"/> 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.

## 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 #\_\_\_\_

Reason #\_\_\_\_

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

**Conduct Money Worksheet – Notice to Attend**

Conduct Money				Rate		Amount
<b>Daily Allowance</b>						
Witness	# of days		X	\$50.00	=	\$
Expert Witness	# hrs		X		=	\$
<b>Meals</b>						
	# breakfasts		X	\$13.00	=	\$
	# lunches		X	\$17.00	=	\$
	# dinners		X	\$27.00	=	\$
<b>Accommodation</b>						
Estimated* cost for a reasonable hotel room	# of nights		X		=	\$
OR Allowance for private accommodation	# of nights		X	\$20.15	=	\$
<b>Travel</b>						
Driving distance	in kilometers		X	\$0.550	=	\$
OR public transportation	Actual cost					\$
OR actual airfare (for distances over 200 kms only)	Actual cost					\$

**Conduct Money Worksheet – Notice to Produce**

<b>Photocopying</b>						
Pages copied under the <i>Notice to Produce Documents</i>	# of pages		X	\$1.00	=	\$
<b>TOTAL</b>						\$

\*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 additional costs.

## 8. Signature

Signature of the applicant or representative

Date (DD/MM/YYYY)

Print name of person signing

### You can file this form by:

- **submitting it online through our website;**
- **e-mail addressed to [AC.AppealsCommission@gov.ab.ca](mailto:AC.AppealsCommission@gov.ab.ca);**
- **mail;**
- **fax; or**
- **courier or personal delivery 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: 403-508-880  
Fax: 403-508-8822

You can view our web site at: [www.appealscommission.ab.ca](http://www.appealscommission.ab.ca)

### Collection, Use and Disclosure of Personal Information

- 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.
- It is important that every party to the appeal knows the case that is to be heard and has an opportunity to respond.
- Because of this, we share all documents related to the appeal with all other parties to the appeal and the Workers'
- The information that you provide may also be used for quality assurance and training purposes.
- If you have any questions regarding the collection, use or disclosure of your personal information, please contact the Appeals Commission.

For Appeals Commission  
Use Only