

Application for Leave and Variation



Automobile Injury Appeal Commission

1100-1874 Scarth Street Phone: (306) 798-5545
Regina, Saskatchewan Toll Free: 1-866-798-5544
S4P 4B3 Fax: (306) 798-5540

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: _____			
Address	City/Town	Province	Postal Code
Applicant's Telephone Number: _____		Other Telephone Number: _____	
Appeal Information:			
AIAC File # _____ of _____		Date of Written Decision: _____	
SGI File # _____		Citation Number: _____ (example: 2003 SKAIA 099)	
Please explain the change in circumstances resulting in your request for variation:			
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