

# Automobile Injury Compensation Appeal Commission

301-428 Portage Avenue, Winnipeg, MB R3C 0E2

**T** 204-945-4155  **Toll Free 1-855-548-7443 F** 204-948-2402

Email autoinjury@gov.mb.ca

[www.manitoba.ca](http://www.manitoba.ca)

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| **Notice of Appeal** |

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| **Contact Information:** |

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| --- | --- | --- | --- | --- |
| Prefix |  | First Name |  | Last Name |
| Prefix. |  | Enter text here. |  | Enter text here. |

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| Daytime phone number |  | Alternate phone number |  | Email address |
| xxx-xxx-xxxx. |  | xxx-xxx-xxxx. |  | Enter text here. |

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| **Residential Address:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| House/Apartment/  P.O Box Number |  | Street Name/Route |  | Street Type |  | Suite/Room Number |
| Number |  | Street Name. |  | Street Type. |  | Suite/Room #. |

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| --- | --- | --- | --- | --- | --- | --- |
| City/Town/Municipality |  | Province |  | Postal Code/Zip Code |  | Country |
| Enter text here. |  | Enter text here. |  | X#X #X#. |  | Enter text here. |

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| **Mailing Address:** |

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| Same as Residential Address: |  | Yes |  | No |

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| If no, please provide details below: |

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| --- | --- | --- | --- | --- | --- | --- |
| House/Apartment/  P.O Box Number |  | Street Name/Route |  | Street Type |  | Suite/Room Number |
| Number |  | Enter text here |  | Enter text here. |  | Enter text here. |

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| --- | --- | --- | --- | --- | --- | --- |
| City/Town/Municipality |  | Province |  | Postal Code/Zip Code |  | Country |
| Enter text here. |  | Enter text here. |  | Enter text here. |  | Enter text here. |

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| **Alternate Address:** |
| Please provide an alternate address, if for some reason the Commission cannot reach you (optional): |

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| --- | --- | --- | --- | --- |
| Prefix |  | First Name |  | Last Name |
| Prefix. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Daytime phone number |  | Alternate phone number |  | Email address |
| xxx-xxx-xxxx. |  | xxx-xxx-xxxx. |  | Click or tap here to enter text. |

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| **YOU ARE REQUIRED TO NOTIFY THE COMMISSION IN WRITING IF YOUR CONTACT INFORMATION OR ADDRESS CHANGES.** |

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| **Appeal Information:** |

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| --- | --- | --- | --- | --- |
| Date of MPIC Internal  Review Decision |  | MPIC Internal Review  Decision Number |  | Date of Accident |
| Enter text here. |  | Enter text here. |  | Enter text here. |

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| **I do not agree with MPIC’s decision for the following reason(s):** |
| Click or tap here to enter text. |

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| **Additional Appeal(s):** |
| I have additional appeals to list: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

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| If yes, please provide on a separate piece of paper using format above and attach to this form. |

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| **Representation:** |

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| --- | --- | --- | --- | --- |
| Will someone else be helping you? |  | Yes |  | No |

|  |  |
| --- | --- |
| If yes, please indicate who that will be: | Click or tap here to enter text. |

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| --- | --- | --- |
|  | Lawyer If yes, please provide the name of the lawyer and law firm: | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| [Claimant Adviser Office](http://www.gov.mb.ca/cca/claimant/index.html) |  | Family Member |  | Advocate |  | Executor/Administrator |  |

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| **If you will be represented by a Claimant Adviser, Lawyer or other representative, the Commission will communicate directly with them.** |

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| **Representative Information (If applicable, provide your representative’s contact information):** |

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| --- | --- | --- | --- | --- |
| Prefix |  | First Name |  | Last Name |
| Prefix. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- |
| Daytime phone number |  | Alternate phone number |  | Email address |
| xxx-xxx-xxxx. |  | xxx-xxx-xxxx. |  | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- | --- | --- |
| Number |  | Street Name |  | Street Type |  | Suite/Room Number |
| Number. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- | --- | --- |
| City/Town/Municipality |  | Province |  | Postal Code |  | Country |
| Enter text here. |  | Enter text here. |  | X#X #X#. |  | Enter text here. |

**Mediation**

Mediation is an informal and confidential process in which a neutral third party (the Mediator) helps the parties to resolve issues in dispute. By helping to clarify issues, the Mediator will work with both parties to find solutions that are agreeable to both parties.

Mediation is offered by the Automobile Injury Mediation (AIM) office. For more information on the services provided by AIM, click [here](http://www.gov.mb.ca/cca/auto/mediation.html).

In addition to proceeding with this appeal at the Commission, I request the option of Mediation. I consent to the Commission providing documents related to this appeal to the Automobile Injury Mediation Office for the purpose of mediation of this appeal. I understand that by agreeing to mediation, I am not giving up my right to appeal.

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| I request the option of Mediation |  | Yes |  | No |

**Supporting Documents:**

If available, please include a copy of your MPIC Internal Review Decision.

Upon review of the information provided, if additional documents are required from you, AICAC staff will contact you using the information provided in the Contact Information section of this form.

**Declaration of Applicant:**

|  |  |  |
| --- | --- | --- |
|  |  | By checking this box, I declare that: |

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|  | * all the information given in this Notice of Appeal is true in every respect |
|  | * I will notify the Automobile Injury Compensation Appeal Commission if there are any changes that may be relevant to my appeal |

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| Date: | Click or tap to enter a date. |  |

This information is collected under the authority of the Manitoba Public Insurance Corporation Act. This information is used for the purposes of conducting the appeal hearing and arriving at a decision.

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| **If you need assistance completing this form or have questions about the information being collected, please call AICAC at (204) 945-4155 or toll free at 1 (855) 548-7443.** |

**MEDIATION INFORMATION**

**What is Mediation?**

Mediation is an informal and confidential process in which a neutral third party (the Mediator) helps the parties to resolve issues in dispute. By helping to clarify issues, the Mediator will work with both parties to find solutions which are agreeable to both parties.

**Who is the Mediator?**

The Mediator is a person who is independent of Manitoba Public Insurance (“MPI”) and the Automobile Injury Compensation Appeal Commission (“the Commission”). The Mediator does not take sides. The Mediator does not impose a decision.

**The Mediation Process**

There are two steps to the mediation process:

***Pre-Mediation Meeting***: The Mediator will meet with each party separately before the mediation session to discuss what to expect at the mediation. When you meet with the Mediator during the pre-mediation process no one from MPI will attend. Everything discussed between you and the Mediator is confidential. During the pre-mediation meeting, the Mediator will clarify the issues to ensure that your view is understood and will discuss what you hope to achieve at mediation in light of MPI legislation.

***Mediation Session***: Both parties will be present at this meeting. The Mediator sets an atmosphere in which each party has a chance to be heard. Each party is given the opportunity to describe the issues from their perspective, as well as their needs and goals. The Mediator helps define the areas of disagreement as well as consensus and explore possible solutions. The Mediator assists the parties in reaching their own agreement. The discussions that take place during mediation are confidential.

**When does Mediation take place?**

Mediation will occur after a Notice of Appeal of an Internal Review Decision has been filed and well before your appeal hearing is scheduled.

**What happens after Mediation?**

The Mediator prepares an agreement which sets out the issues that have been resolved or not resolved. For any issues that are not resolved at mediation, you may continue with your appeal to the Commission. The Commission is not informed of what was discussed at mediation. Any agreement that is reached at mediation is binding on both parties.

**Advantages of Mediation**

* ***Informal, Respectful Process:*** Mediation promotes respectful communication
* ***No Cost:*** Mediation is provided at no cost to you

***Protects Privacy:*** Mediation is confidential

