



**Finance**

Consumer Protection  
Automobile Injury Compensation Appeal Commission  
301-428 Portage Avenue, Winnipeg, Manitoba, Canada R3C 0E2  
T 204-945-4155 Toll free 1-855-548-7443 F 204-948-2402  
Email: [autoinjury@gov.mb.ca](mailto:autoinjury@gov.mb.ca)  
[www.manitoba.ca](http://www.manitoba.ca)

**Request for Subpoena**

**Appellant:** \_\_\_\_\_

**AICAC File No. :** \_\_\_\_\_

**Internal Review Decision No.:** \_\_\_\_\_

I, \_\_\_\_\_, request the Automobile Injury Compensation Appeal Commission (AICAC) to issue a subpoena to the individual named below, to appear as a witness at the hearing of the appeal for \_\_\_\_\_ on \_\_\_\_\_ (date of hearing).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Appellant/Lawyer/Claimant  
Adviser (CAO) or authorized agent

I, \_\_\_\_\_ UNDERSTAND THAT NEITHER AICAC NOR MPI WILL BE RESPONSIBLE FOR PAYMENT OF COSTS ASSOCIATED WITH THE TIME OF THE WITNESS AND THAT IF THE SUBPOENA IS ISSUED I WILL BE RESPONSIBLE FOR HAVING THE SUBPOENA SERVED AND ANY COSTS ASSOCIATED WITH SERVICE.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Appellant/Lawyer/Claimant  
Adviser (CAO) or authorized agent

**Subpoena No.** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_  
**(to be completed if witness is required because of his/her qualifications)**

**Address:** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_

**Documents (if any) to be produced by this witness:**

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**Reasons for Subpoena request:**

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