

This form allows you control over who receives your personal information, who makes decisions on your behalf and who can attend your hearing. Complete and return this form to the Tribunal if you wish to have a representative (lawyer, advocate, family member or friend) assist you with your appeal.

<b>TO BE COMPLETED BY APPELLANT</b>			
NAME		APPEAL NUMBER	
Do you want information/documents about your appeal sent to:		Yourself	
		Your Representative	
		Both of You	
Do you want your Representative to attend your hearing?		Yes	No
Do you want your Representative to make decisions on your behalf?		Yes	No
<i>Note: This would allow your representative to make a decision to adjourn, change the type of hearing or dismiss your appeal.</i>			
<i>This Release of Information is valid until this appeal process has been completed.</i>			
APPELLANT'S SIGNATURE OR PIN		DATE (MONTH/DAY/YEAR)	
<b>INFORMATION ABOUT YOUR REPRESENTATIVE</b>			
Lawyer	Advocate	Family Member	Friend
NAME OF REPRESENTATIVE		NAME OF AGENCY	
MAILING ADDRESS			POSTAL CODE
TELEPHONE		FAX NUMBER	
EMAIL			

**Send the completed form to:**

Employment and Assistance Appeal Tribunal

Toll Free Fax: 1-877-356-9687

Fax in Victoria: 250-356-9687

Email: [info@eaat.ca](mailto:info@eaat.ca)

**Questions? Call Toll Free: 1-866-557-0035, or in Victoria: 250-356-6374**