

CONFIRMATION OF ATTENDANCE/REQUEST FOR EXTRA EXPENSES

Please complete all details below and return to The Commissioners' Office at least **21 days** before the hearing.

Name:

File no:

Address

Confirmation of Attendance

I will/will not* be attending the Oral Hearing on **at 10:30 am.**

Special / Mobility Needs

Do you have any special / Mobility needs? Please provide details below:

Request for Extra Expenses

I will/will not* require extra expenses for which I will require **prior authorisation** from the Office Manager: - (Please state the reason why, continuing on a separate sheet, if necessary, enclosing a **Doctor's Certificate where appropriate**).

Taxi: _____

Overnight stay:

Companion Expenses:

- Delete as appropriate

Note: If you or your representative do not attend the hearing, the Commissioner may decide the case in your absence.

Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Request approved/Refused. {Taxi; Overnight Stay; Companions Expenses}

_____Office Manager

Dated: _____

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