



**Electronic Hearings (Video Conference and Audio Conference)  
Confidentiality or Privacy Concerns Form**

**Appeal Number:**

**Style of Cause:**

**Date of Hearing:**

**Name:**

**Phone Number:**

**Email Address:**

**Parties/Party submitting this form:**

All Parties      Appellant(s)      Respondent(s)      Intervener(s)

A proposed plan coordinated and submitted by one party on behalf of all parties is preferred wherever possible.

**Are there any identified or potential privacy or confidentiality concerns?**

Yes      No

(If yes, fill out remainder of the Form.)

**PRIVACY OR CONFIDENTIALITY CONCERNS:** Describe the nature of any concerns that you have regarding the privacy or confidentiality of information that may be involved in the Electronic Hearing.

**PRIVACY OR CONFIDENTIALITY MITIGATION:** If you have identified any concerns, explain the proposed plan to mitigate the risks to privacy or confidentiality during the electronic hearing including recommended steps to mitigate those risks.

**Date Submitted:**

This form must be e-filed via the Court of Appeal E-filing website.