

NOTICE OF INTENT TO APPEAL

STATE OF MAINE
WORKERS' COMPENSATION BOARD
APPELLATE DIVISION
27 STATE HOUSE STATION
AUGUSTA, MAINE 04333

CASE NAME: _____
WCB FILE# or AIU CASE#: _____
ISSUANCE DATE OF DECISION: _____
MAIL DATE OF DECISION: _____

CHECK ONE:

- APPELLANT HAS ORDERED TRANSCRIPT
FROM _____
(please notify Appellate Division when you receive transcript)
- TRANSCRIPT HAS ALREADY BEEN PREPARED
- REQUEST HAS BEEN MADE TO REGIONAL OFFICE TO
ORDER TRANSCRIPT

APPELLANT:

COUNSEL NAME: _____
REPRESENTING: _____
STREET/P.O. BOX: _____
CITY, STATE, ZIP: _____
TELEPHONE NUMBER: _____
E-MAIL: _____

APPELLEE:

COUNSEL NAME: _____
REPRESENTING: _____
STREET/P.O. BOX: _____
CITY, STATE, ZIP: _____
TELEPHONE NUMBER: _____
E-MAIL: _____

Please include the same information about additional parties on a separate sheet.

NOTICE

A party in interest may file with the Appellate Division a notice of appeal of a decision by an Administrative Law Judge pursuant to 39-A M.R.S.A. §318 within 20 days after receipt of notice of issuance of the decision by the Administrative Law Judge. When filing this notice, the appellant also shall file with the clerk a copy of the decision appealed.

1. On _____, _____ received notice of the issuance of a
MONTH DAY YEAR APPELLANT NAME
decision by Administrative Law Judge _____ in the above captioned case.
ADMINISTRATIVE LAW JUDGE NAME

2. The appellant appeals the following issue(s):

THEREFORE, the appellant asks the Appellate Division to review the decision pursuant to 39-A M.R.S.A. §321-B.

SIGNATURE OF APPELLANT

DATED: _____
MONTH DAY YEAR

FILING INSTRUCTIONS

1. Mail original notice to the clerk of the Appellate Division at the above address by regular mail, or hand deliver to any regional Board office.
2. Mail one (1) copy to each other party named above.
3. Keep one (1) copy for yourself.

FOR HAND DELIVERIES OR NON-POSTAL SERVICE CARRIERS:

442 Civic Center Drive, Suite 100
Augusta, ME 04330

The State of Maine provides equal opportunity in employment and programs. Auxiliary aids and services are available to individuals with disabilities upon request. For assistance with this form, contact the ADA Coordinator at the Maine Workers' Compensation Board. Telephone: (888) 801-9087 or TTY Maine Relay 711.

WCB-240 (eff. 9/1/18)