

NOTICE OF INTENT TO APPEAL

STATE OF MAINE
WORKERS' COMPENSATION BOARD
APPELLATE DIVISION
1037 FOREST AVENUE, SUITE 11
PORTLAND, MAINE 04101-6858

CASE NAME: Dana Knight v. Anson-Madison-Starks Ambulance
WCB FILE # or AIU CASE #: 12034379A
ISSUANCE DATE OF DECISION: 10/18/16 & 6/13/17
MAIL DATE OF DECISION: 10/19/16 & 6/13/17

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: Dana Knight
COUNSEL NAME: Benjamin K. Grant
REPRESENTING: Dana Knight
STREET/P.O. BOX: PO Box 5000
CITY, STATE, ZIP: Topsham ME 04086
TELEPHONE NUMBER: (207)725-5581
E-MAIL: bgrant@mcteaguehiqbee.com

APPELLEE: Anson-Madison-Starks Ambulance
COUNSEL NAME: Elizabeth Mooney
REPRESENTING: Anson-Madison-Starks Ambulance
STREET/P.O. BOX: PO Box 3606
CITY, STATE, ZIP: Portland, ME 04104
TELEPHONE NUMBER: (800)660-1306
E-MAIL: emooney@memic.com

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 June 14, 2017, Dana Knight received notice of the issuance of a
MONTH DAY YEAR APPELLANT NAME
decision by Administrative Law Judge Elizabeth Elwin in the above captioned case.
ADMINISTRATIVE LAW JUDGE NAME

2. The appellant appeals the following issue(s): The Board's determination that Mr. Knight did not meet his burden regarding ongoing causation.

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


SIGNATURE OF APPELLANT'S ATTORNEY

DATED: _____
MONTH DAY YEAR

FILING INSTRUCTIONS

1. Mail original notice to the clerk of the Appellate Division at the above address by regular mail.
2. Mail one (1) copy by certified mail, return receipt requested to each other party named above.
3. Keep one (1) copy for yourself and keep the green certified mail cards when returned to you by the U.S. Post Office.

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. 1/1/13, rev. 10/15/15)