

# NOTICE OF INTENT TO APPEAL

STATE OF MAINE  
WORKERS' COMPENSATION BOARD  
APPELLATE DIVISION  
1037 FOREST AVE, STE 11  
PORTLAND, MAINE 04103-3382

CASE NAME: Gregory Saucier v. Cianbro Corp.  
WCB FILE# or AIU CASE#: 02019423  
ISSUANCE DATE OF DECISION: October 26, 2016  
MAIL DATE OF DECISION: October 26, 2016

**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: William J. Smith, Esq.  
REPRESENTING: Gregory Saucier  
STREET/P.O. BOX: PO Box 7  
CITY, STATE, ZIP: Van Buren, ME 04785  
TELEPHONE NUMBER: 207-868-5248  
E-MAIL: wjsmithlo@myfairpoint.net

**APPELLEE:**

COUNSEL NAME: Anne-Marie Storey, Esq.  
REPRESENTING: Cianbro Corp.  
STREET/P.O. BOX: PO Box 1401  
CITY, STATE, ZIP: Bangor, ME 04402  
TELEPHONE NUMBER: 207-992-4428  
E-MAIL: astorey@rudmanwinchell.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 October 26, 2016, Gregory Saucier received notice of the issuance of a decision by Administrative Law Judge David Hirtle in the above captioned case.

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

See attached.

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: January 9, 2017

### 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 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. 10/21/16)

WORKERS' COMPENSATION BOARD  
BANGOR, MAINE

<b>GREGORY SAUCIER,</b>	)	
	)	D/I: 04/08/2002
Employee	)	WCB# 02019423
	)	
v.	)	
	)	
<b>CIANBRO,</b>	)	
	)	
Employer	)	

**ATTACHMENT TO NOTICE OF INTENT TO APPEAL**

1. Whether the ALJ erred in finding the employee had not met his burden of production with regard to the issue of maximum medical improvement.
2. Whether the ALJ erred in finding the employee had not met his burden of production with regard to the issue of permanent impairment.
3. Whether the ALJ erred in finding the employer had met its burden of proof with regard to having paid more than 520 weeks of benefits.