

NOTICE OF INTENT TO APPEAL

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

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

CASE NAME: Barbara J. Morris v. Pen Bay Medical Center  
WCB FILE # or AIU CASE #: 15-00667  
ISSUANCE DATE OF DECISION: 4/7/17, 7/5/17  
MAIL DATE OF DECISION: 4/7/17, 7/5/17

APPELLANT: Barbara J. Morris  
COUNSEL NAME: Benjamin K. Grant  
REPRESENTING: Barbara J. Morris  
STREET/P.O. BOX: PO Box 5000  
CITY, STATE, ZIP: Topsham ME 04086  
TELEPHONE NUMBER: (207)725-5581  
E-MAIL:

APPELLEE: Pen Bay Medical Center  
COUNSEL NAME: Allan M. Muir  
REPRESENTING: Pen Bay Medical Center  
STREET/P.O. BOX: Merrill's Wharf 254 Commercial Street  
CITY, STATE, ZIP: Portland, ME 04101-4664  
TELEPHONE NUMBER: (207)791-1100  
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 4/11/17 and 7/6/17, Barbara J. Morris received notice of the issuance of a decision by Administrative Law Judge Elizabeth Elwin in the above captioned case.
- 2. The appellant appeals the following issue(s): nature and extent of incapacity, medical costs

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

[Signature] on behalf of BKG DATED: July 26, 2017  
SIGNATURE OF ATTORNEY FOR APPELLANT 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)