

NOTICE OF INTENT TO APPEAL

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

CASE NAME: Lenna St. Louis v. Acadia Hospital Corp.
WCB FILE# or AIU CASE#: 11-00-21-37; 10-00-24-60
ISSUANCE DATE OF DECISION: April 14, 2017
MAIL DATE OF DECISION: April 14, 2017

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: Anne-Marie L. Storey, Esq.
REPRESENTING: Acadia Hospital Corp.
STREET/P.O. BOX: 84 Harlow Street; P.O. Box 1401
CITY, STATE, ZIP: Bangor, ME 04402-1401
TELEPHONE NUMBER: 207-947-4501
E-MAIL: astorey@rudmanwinchell.com

APPELLEE:

COUNSEL NAME: Christopher J. Cotnoir, Esq.
REPRESENTING: Lenna St. Louis
STREET/P.O. BOX: 24 Stone Street, Suite 107
CITY, STATE, ZIP: Augusta, ME 04330
TELEPHONE NUMBER: 207-287-2266
E-MAIL: chris.cotnoir@maine.gov

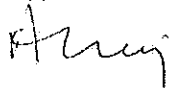
Please include the same information about additional parties on a separate sheet.

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.

- On April 14, 2017 and July 7, 2017, Acadia Hospital Corp. received notice of the issuance of a decision by Administrative Law Judge David Hirtle in the above captioned case.
MONTH DAY YEAR APPELLANT NAME ADMINISTRATIVE LAW JUDGE NAME
- The appellant appeals the following issue(s):
Whether the ALJ erred in determining that the Employee did not unreasonably refuse a bona fide offer of reasonable employment within the meaning of 39-A M.R.S.A. §214(1)(A).

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: July 26, 2017
MONTH DAY YEAR

FILING INSTRUCTIONS

- 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.
- Mail one (1) copy by certified mail, return receipt requested to each other party named above.
- 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)