

NOTICE OF INTENT TO APPEAL

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

CASE NAME: April L. Morton v. Cumberland Farms Inc
WCB FILE# or AIJ CASE#: 09-03-63-05 & 15-00-976
ISSUANCE DATE OF DECISION: 8/16/2017
MAIL DATE OF DECISION: 8/16/2017
Receipt date 8/21/2017

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: April L. Morton
REPRESENTING: April L. Morton
STREET/P.O. BOX: _____
CITY, STATE, ZIP: _____
TELEPHONE NUMBER: _____
E-MAIL: N/A

CONFIDENTIAL

APPELLEE:
COUNSEL NAME: Elizabeth Eddy Brittin, Esq
REPRESENTING: MEMIC
STREET/P.O. BOX: PO Box 36016
CITY, STATE, ZIP: Portland, Me 04104-3606
TELEPHONE NUMBER: N/A
E-MAIL: N/A

ALSO Lindsey Morrill Sands Esq
Nagman, Hanson & DeTroy
PO Box 4600
Portland, Me 04112-4600

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 8/23/2017 April L. Morton received notice of the issuance of a decision by Administrative Law Judge Elizabeth A. Elwin in the above captioned case.

2. The appellant appeals the following issue(s):
Incomplete medical reports provided to judge from advocate as well as mishandled case file documentation by advocate

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

April Morton
SIGNATURE OF APPELLANT

DATED: 08/31/17
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 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)