

NOTICE OF INTENT TO APPEAL

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

CASE NAME: Joyce Stein v. Inland Hospital & Eastern Maine Group
WCB FILE# or AIU CASE#: 14-02-87-29
ISSUANCE DATE OF DECISION: July 5, 2017
MAIL DATE OF DECISION: July 5, 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: Inland Hospital and Eastern Maine Group
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: Robert Kline, Esq.
REPRESENTING: Joyce Stein
STREET/P.O. BOX: P.O. Box 7859
CITY, STATE, ZIP: Portland, ME 04112-7859
TELEPHONE NUMBER: 207-772-4900
E-MAIL: rkline@klinelaw.ME

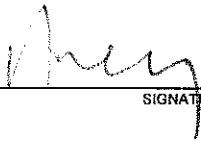
Please include the same information about additional parties on a separate sheet.

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 07/07/2017 & 11/09/2017, Inland Hospital 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):~~
1. Whether the §327 burdens were properly applied;
 2. Whether the employer rebutted the §327 presumption;
 3. Whether the employee's work stress was sufficient to contribute in a significant manner to her stroke and resulting disability pursuant to §201(4); and
 4. Whether the employee received a wage continuation plan pursuant to §221 for which the employer is entitled to an offset.

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



SIGNATURE OF APPELLANT

DATED: November 14, 2017

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)