

NOTICE OF INTENT TO APPEAL

STATE OF MAINE
WORKERS' COMPENSATION BOARD
APPELLATE DIVISION
1037 FOREST AVENUE, SUITE 11
PORTLAND, MAINE 04101-6858

CASE NAME: Troy A. Chase v. Eastern Maine Medical Center
WCB FILE # or AIU CASE #: 16019174A
ISSUANCE DATE OF DECISION: 10/5/17 and 11/30/17
MAIL DATE OF DECISION: 10/5/17 and 11/30/17

APPELLANT: Troy A. Chase
COUNSEL NAME: Benjamin K. Grant
REPRESENTING: Troy A. Chase
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<p>CHECK ONE:</p> <p><input type="checkbox"/> APPELLANT HAS ORDERED TRANSCRIPT FROM _____ (please notify Appellate Division when you receive transcript)</p> <p><input type="checkbox"/> TRANSCRIPT HAS ALREADY BEEN PREPARED</p> <p><input type="checkbox"/> REQUEST HAS BEEN MADE TO REGIONAL OFFICE TO ORDER TRANSCRIPT</p>

APPELLEE: Eastern Maine Medical Center
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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 10/5/17 and 11/30/17, Troy A. Chase received notice of the issuance of a
MONTH DAY YEAR APPELLANT NAME
decision by Administrative Law Judge David Hirtle in the above captioned case.
ADMINISTRATIVE LAW JUDGE NAME

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

Appellant appeals (1) the determination by the Board that he did not meet his burden to show causation by clear and convincing evidence, and (2) whether or not the "clear and convincing" standard in Sec 201(3) violates the Constitution's Equal Protection provision.

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: 10 21 2017
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)