

**NOTICE OF APPEAL TO APPELLATE DIVISION, THIRD DEPARTMENT FROM
DECISION OF WORKERS' COMPENSATION BOARD**

STATE OF NEW YORK SUPREME COURT
APPELLATE DIVISION THIRD DEPARTMENT

In the Matter of the Claim for Compensation
Under the Workers' Compensation Law made by

_____,
Claimant,

NOTICE OF APPEAL
WCB No. _____

-against-

_____, Employer,
and _____, Insurance
Carrier,
Respondents,

-and-

WORKERS' COMPENSATION BOARD,
Respondent.

PLEASE TAKE NOTICE that the above-named Claimant (or Employer, Insurance Carrier) _____ in this matter, hereby appeal(s) to the Appellate Division of the Supreme Court, Third Judicial Department, from the Decision of the Workers' Compensation Board filed the __ day of _____, 20__ , and from each and every part thereof.

Dated: _____

(Your signature)

(Your name, address and telephone number)

TO: _____

(Name[s] and address[es] of attorney[s]
for other party/parties)

Note: The notice of appeal, together with proof of service of a copy on all interested parties, shall be filed in the office of the Secretary of the Workers' Compensation Board, 20 Park Street, Albany, NY 12207. It is not necessary to send a copy of the notice of appeal to the Appellate Division.