

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

STATE OF NEW YORK
APPELLATE DIVISION

SUPREME COURT
THIRD DEPARTMENT

In the Matter of the of

_____,
Claimant,

v

_____, Employer,

and _____, Insurance Carrier,
Respondents.

NOTICE OF APPEAL

WCB No. _____

WORKERS' COMPENSATION BOARD,

Respondent.

PLEASE TAKE NOTICE that the above-named Claimant (or Employer, or Insurance Carrier)

_____ in this matter, hereby appeal(s) to the Appellate Division

(Your name)

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: _____

(Signature) _____

(Print Name) _____

(Address) _____

(Telephone) _____

TO: _____

List names and address of attorneys for other parties
(Send copy of Notice of Appeal to all 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.

It is not necessary to send a copy of the notice of appeal to the Appellate Division.