

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

STATE OF NEW YORK
APPELLATE DIVISION

SUPREME COURT
THIRD DEPARTMENT

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

**NOTICE OF
APPEAL**

Claimant,

WCB No.

v

_____, Employer,

and _____, Insurance Carrier,

Respondents.

WORKERS' COMPENSATION BOARD,

Respondent.

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

(Signature) _____

(Print Name) _____

(Address) _____

(Telephone) _____

(Your name, address and telephone number)

TO : _____

(name(s) and address(es) of attorney(s) for other party/parties)

**Note: The Notice of Appeal must also be filed in the office of the Secretary of the
Workers' Compensation Board.**