

STIPULATION

**STATE OF NEW YORK
APPELLATE DIVISION**

**SUPREME COURT
THIRD DEPARTMENT**

In the Matter of the Claim of

_____ ,
Appellant ,

v

_____ ,
Respondent ,

Workers' Compensation Board,

Respondent .

WCB No. _____

IT IS HEREBY STIPULATED by and between the respective parties hereto that the foregoing are correct and complete copies of all pertinent papers as listed in the record list and hereby constitute the Record on Appeal in the above-entitled matter.

Date

Appellant

Date

(Attorney General) Respondent

Date

Respondent

Date

Respondent

AFFIDAVIT OF SERVICE OF MAILING

STATE OF NEW YORK)
 COUNTY OF _____) ss.:

_____, being duly sworn, deposes and says:

On the _____ day of _____, 20____ I served a true copy of the annexed stipulation by mailing the same in a sealed envelope, with postage prepaid thereon, in a post-office or official depository of the U.S. Postal Service within the State of New York, addressed to the last known addressee(s) as indicated below.

*****Below fill in the name(s) and address(es) of the person(s) to whom you are mailing the papers being filed with this Court. If necessary, attach extra pages for additional names and addresses.**

Name & Address	Name & Address
Workers' Compensation Board Attorney General Barbara D. Underwood Department of Law, Labor Bureau 28 Liberty Street, 15th Fl. New York, NY 10005	

(Signature) _____

(Print Name) _____

Sworn to before me this _____
 day of _____, 20_____.

 Notary Public