

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. _____

v

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

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: _____

(Signature) _____
(Print Name) _____
(Address) _____

(Telephone) _____

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.