**FORM NO. 8-B**

 **UNEMPLOYMENT COMPENSATION**

 **NOTICE OF APPEAL**

 **TO MISSOURI COURT OF APPEALS**

 **DISTRICT**

# BEFORE THE LABOR AND INDUSTRIAL RELATIONS COMMISSION

#  STATE OF MISSOURI

 )

)

Appellant, )

) Social Security No.:

vs. )

 )Employment Security Appeal No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

)

 ) Appellate Court No.:

)

Respondent. )

Notice is hereby given that appeals to the Missouri Court of Appeals,

 District.

Date notice of Appeal filed

*(to be filled in by Secretary of Commission)*

Signature of Attorney or Appellant

(The appellant(s) must file the original notice of appeal and one copy for the Appellate Court with, and pay the docket fee required by the court rule to, the secretary of the commission within the time specified by law. Claimants for unemployment benefits do not have to pay the docket fee. §288,380.5 RSMo. At the same time appellant must serve a copy of the notice of appeal on attorneys of record of all parties other than appellant(s), and on all parties not represented by an attorney. The Division of Employment Security is by statute a party to all unemployment benefit appeals. §288.210 RSMo. Proof of service shall be made on the original and copy to be filed with the commission.)

TYPE NAME AND BAR ENROLLMENT NUMBER TYPE NAME AND BAR ENROLLMENT NUMBER OF RESPONDENT’S ATTORNEY OF APPELLANT’S ATTORNEY

Street Street

City City

State Zip Code State Zip Code

Telephone Telephone

TYPE NAME OF EMPLOYEE TYPE NAME OF EMPLOYER

Employee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Street

City City

State Zip Code State Zip Code

 Date of Commission Decision: County of Claimant’s Residence

*(Attach copy of Commission Decision)*

DIRECTIONS TO COMMISSION

A copy of the notice of appeal and the docket fee shall be mailed forthwith to the clerk of the appellate court. The record on appeal shall be prepared and certified within such time as to enable timely filing by the appellant.

PROOF OF SERVICE

I have this day served a copy of this notice of appeal on each of the following persons at the address stated by

 *(ordinary mail, certified mail, personal service):*

 Signature of Attorney or Appellant

Date: , 20