

APPENDIX E

**FORM NO. 8-C WORKERS' COMPENSATION
NOTICE OF APPEAL
TO MISSOURI COURT OF APPEALS
DISTRICT
BEFORE THE LABOR AND INDUSTRIAL RELATIONS COMMISSION
STATE OF MISSOURI**

	)	
	)	
Claimant,	)	
	)	Injury No. _____
vs.	)	
	)	Appellate Court No. _____
	)	
	)	
Employer.	)	

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 court rule to, the secretary of the commission within the time specified by law. 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. Proof of service shall be made on the original and copy to be filed with the commission.)

CASE INFORMATION

TYPE NAME AND BAR ENROLLMENT
NUMBER OF APPELLANT'S ATTORNEY

Street _____
City _____
State _____ Zip Code _____
Telephone _____
TYPE NAME OF APPELLANT

Street _____
City _____
State _____ Zip Code _____
Date of Commission Award or Decision: _____

(Attach copy of Commission Award or Decision)

TYPE NAME AND BAR ENROLLMENT
NUMBER OF RESPONDENT'S ATTORNEY

*List additional respondents on page two of this form

Street _____
City _____
State _____ Zip Code _____
Telephone _____
TYPE NAMES OF

Employee: _____
Dependents: _____
Employer: _____
Insurer: _____
Date and County of Accident: _____

Second Injury Fund Involved: YES _____ NO _____

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):

Dated: _____, 19____

Signature of Attorney or Appellant