

IN THE MISSOURI COURT OF APPEALS EASTERN DISTRICT APPEAL NO. _____
LABOR and INDUSTRIAL RELATIONS COMMISSION CASE INFORMATION FORM

(This form must be filed with Form 8-C with the Labor and Industrial Relations
Commission)

List every party involved in the case, indicate the position of the party before the Commission (e.g. claimant, employer, insurer) and in the Court of Appeals (e.g. appellant or respondent) and the name of the attorney of record, if any, for each party. Attach additional sheets to identify all parties and attorneys if necessary.

Party Attorney

Name

Address

City, State, Zip Code

Phone Number
v. _____
Law Firm or Office

Name

Address

City, State, Zip Code

Phone Number

City, State, Zip Code

A BRIEF STATEMENT OR DESCRIPTION OF THE CASE (Attach one additional page, if necessary.) Attach copy of decision or award appealed.

ISSUES EXPECTED TO BE RAISED ON APPEAL (Attach one additional page, if necessary. Appellant is not bound by this list.)

A COPY OF THIS FORM AND ATTACHMENTS MUST BE SERVED ON THE RESPONDENT.