

NOTICE OF APPEAL TO THE  
WORKERS' COMPENSATION BOARD OF REVIEW

OOJ ID# \_\_\_\_\_  
CARRIER ID# \_\_\_\_\_  
Claim No. \_\_\_\_\_  
SSN No. \_\_\_\_\_

Case Style \_\_\_\_\_

vs.

\_\_\_\_\_

Appellant:    Claimant    Employer    Insurance Commission    (Please circle)

The appellant appeals from the final ALJ Decision enclosed dated \_\_\_\_\_.

For OP claims in which the appeal relates to the non-medical issue, an appeal may be filed if the claim was rejected or if the permanent partial disability issue is final by claims administrator order that was not protested or by ALJ Decision. Include the following: ALJ's non-medical Decision enclosed dated \_\_\_\_\_.  
Final permanent partial disability order enclosed dated \_\_\_\_\_.

Date \_\_\_\_\_

\_\_\_\_\_  
Appellant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Counsel's signature

\_\_\_\_\_  
Counsel

\_\_\_\_\_  
Address

A copy of the relevant Decision(s) must be enclosed (not stapled).

NOTE: One (1) copy of this or a similar form of notice must be filed with the Workers' Compensation Board of Review within thirty (30) days of receipt of notice of the ALJ Decision or in any event within sixty (60) days of the date of the ALJ Decision, regardless of notice. You do not need to submit a copy of the Notice of Appeal to the OOH. Copies must be sent to all parties/attorneys.

Mail to: Workers' Compensation Board of Review  
P. O. Box 2628  
Charleston, WV 25329-2628