

NOTICE OF APPEAL TO THE  
WORKERS' COMPENSATION BOARD OF REVIEW

JCN: \_\_\_\_\_

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

vs. \_\_\_\_\_

Appellant (Party submitting the appeal): Claimant    Employer    Offices of the Insurance Commissioner  
(Please circle)

The appellant is aggrieved by and appeals from the decision of Administrative Law Judge 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 was made final by claims administrator's order that was not protested, or by ALJ Decision. In that case, enclose the final permanent partial disability order, also.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Appellant/Counsel for Appellant

\_\_\_\_\_  
Print Name of Signature Above

\_\_\_\_\_  
Address of Signature Above

A copy of the relevant order(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 after receipt of notice of the Administrative Law Judge's final action complained of or, in any event, regardless of notice, within sixty (60) days after the date of the action complained of as set forth in W. Va. Code § 23-5-10 and § 23-5-12. Copies must be sent to all parties/attorneys.

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

Copies were sent to: \_\_\_\_\_

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