

(Name, Address, Phone Number)

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

_____)	
Appellant,)	
)	WCC No. _____
vs.)	
)	NOTICE OF APPEAL
_____)	
Respondent.)	

As set forth in ARM 24.5.350 appellant alleges:

1. I am appealing from the decision issued by the Department of Labor and Industry on _____, 20____.

*2. I believe that I am entitled to the following relief: _____

_____.

*3. I believe that I am entitled to said relief on the following grounds: _____

_____.

*If additional space is needed, please attach sheet to this Notice of Appeal.

DATED this _____ day of _____, 20__.

Appellant

CERTIFICATE OF SERVICE

I hereby certify that I served a copy of the foregoing **Notice of Appeal** upon the persons whose names appear below.

(Use this space for name of opposing counsel)

(Use this space for the Department of Labor and Industry, Legal Services Division)

DATED this _____ day of _____, 20__.
