

**NOTICE OF APPEAL TO APPELLATE DIVISION, THIRD DEPARTMENT FROM
DECISION OF WORKERS' COMPENSATION BOARD**

STATE OF NEW YORK SUPREME COURT
APPELLATE DIVISION THIRD DEPARTMENT

In the Matter of the Claim for Compensation
Under the Workers' Compensation Law made by

_____,
Claimant,

NOTICE OF APPEAL
WCB No.

-against-

_____, Employer,
and _____, Insurance
Carrier,
Respondents,

-and-

WORKERS' COMPENSATION BOARD,
Respondent.

PLEASE TAKE NOTICE that the above-named Claimant (or Employer, Insurance Carrier) _____ [type name] _____ in this matter, hereby appeal(s) to the Appellate Division of the Supreme Court, Third Judicial Department, from the Decision of the Workers' Compensation Board filed the __ day of _____, 20__, and from each and every part thereof.

Dated: _____

(Your signature)

(Your name, address and telephone number)

TO: _____

(Name[s] and address[es] of attorney[s]
for other party/parties)

Note: The notice of appeal, together with proof of service of a copy on all interested parties, shall be filed in the office of the Secretary of the Workers' Compensation Board. It is not necessary to send a copy of the notice of appeal to the Appellate Division.