

**NOTICE OF APPEAL**

Injured Worker Information	Employer Information
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Telephone <span style="float:right">Fax</span>	Telephone <span style="float:right">Fax</span>
Injured Worker's Representative Information	Employer's Representative Information
Rep ID#	Rep ID#
Name	Name
Telephone <span style="float:right">Fax</span>	Telephone <span style="float:right">Fax</span>
<p>Appealed by: <input type="checkbox"/> Injured Worker  <input type="checkbox"/> Employer  <input type="checkbox"/> BWC Administrator</p>	
<p>Appealing Order of: <input type="checkbox"/> BWC Administrator  <input type="checkbox"/> District Hearing Officer  <input type="checkbox"/> Staff Hearing Officer</p>	
<p>Hearing Location <input type="text"/> (city)</p>	
<p>Heard on <input type="text"/> (mm/dd/yyyy)</p>	<p>Date Order Received <input type="text"/> (mm/dd/yyyy)</p>
<p> NOTE: If you are filing an appeal of a staff hearing officer order, failure to identify the necessary documents may result in a determination not to hear an appeal at the Commission level.</p>	
<p>REASON FOR APPEAL: _____          _____          _____          _____</p>	
<p>Have you filed, or do you intend to file, new evidence not available at the last hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>To be completed by Self-Insuring Employer.  <input type="checkbox"/> Compensation / benefits HAVE or WILL be timely paid as mandated by R.C. 4123.511  <input type="checkbox"/> Compensation / benefits WILL NOT be timely paid as mandated by R.C. 4123.511</p>	
<p><input type="checkbox"/> I will be requesting an interpreter for the upcoming hearing.  <input type="checkbox"/> I will be requesting a court reporter.                  By checking either or both boxes, I am asking for extra time for the hearing.</p>	
<p>I hereby certify that I have mailed copies of this notice to the <input type="checkbox"/> injured worker's representative and/or <input type="checkbox"/> employer's representative (check one or both), on <input type="text"/> mm/dd/yyyy</p> <p>If there is no representative, I have mailed a copy to the injured worker and/or employer.</p> <p><input type="checkbox"/> By checking this box, I certify that I am a non-attorney representative who has been authorized and directed to file this notice of appeal by the <input type="checkbox"/> Injured Worker <input type="checkbox"/> Employer.</p> <p style="text-align: right;"><input type="text"/> (Appellant's Signature)</p>	