

NOTICE OF APPEAL

Injured Worker Information	Employer Information
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Telephone Fax	Telephone Fax
Injured Worker's Representative Information	Employer's Representative Information
Rep ID#	Rep ID#
Name	Name
Telephone Fax	Telephone Fax
<p>Appealed by: Appealing Order of:</p> <p> <input type="checkbox"/> Injured Worker <input type="checkbox"/> BWC Administrator <input type="checkbox"/> Employer <input type="checkbox"/> District Hearing Officer <input type="checkbox"/> BWC Administrator <input type="checkbox"/> Staff Hearing Officer </p>	
<p>Hearing Location <input style="width:150px;" type="text"/> (city)</p> <p>Heard on <input style="width:150px;" type="text"/> (mm/dd/yyyy) Date Order Received <input style="width:150px;" 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>_____</p> <p>_____</p> <p>_____</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.</p> <p><input type="checkbox"/> Compensation / benefits HAVE or WILL be timely paid as mandated by R.C. 4123.511</p> <p><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.</p> <p><input type="checkbox"/> I will be requesting a court reporter.</p> <p>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 style="width:150px;" 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 style="width:300px;" type="text"/> (Appellant's Signature)</p>	