

COMMONWEALTH OF PENNSYLVANIA
WORKERS' COMPENSATION APPEAL BOARD
CAPITOL ASSOCIATES BUILDING
901 N. 7TH STREET (FRONT), 3RD FLOOR SOUTH
HARRISBURG, PA 17102-1412
(717)783-7838

APPEAL FROM JUDGE'S FINDINGS OF FACT AND CONCLUSIONS OF LAW

CLAIMANT

ADDRESS

CITY STATE ZIP CODE

VS.

DEFENDANT

ADDRESS

CITY STATE ZIP CODE

Date: _____

Petition Type: _____

Circulation Date: _____

Social Security Number: _____

Bureau Claim Number: _____

Date of Injury: _____

INSURANCE CARRIER

ADDRESS

CITY STATE ZIP CODE

TO THE WORKERS' COMPENSATION APPEAL BOARD, HARRISBURG, PENNSYLVANIA:

I hereby appeal from the decision of Judge _____ and allege the following findings of fact are in error and are not supported by substantial evidence, or contain other errors as specifically set forth below. **A copy of the Judge's decision is attached.**

I hereby appeal from the decision of Judge _____ and specify the following errors of law committed by the said Judge, and the reasons why the decision does not conform to the provisions of the Workers' Compensation Act or the Occupational Disease Act. **A copy of the Judge's decision is attached.**

Please enter my appearance for appellant:

NAME

ADDRESS

CITY STATE ZIP CODE

NAME OF PARTY TAKING APPEAL
(CLAIMANT OR DEFENDANT)

APPEAL INSTRUCTIONS
APPEAL SHOULD BE FILED IN AN ORIGINAL AND TWO (2) COPIES.
COPY OF JUDGE'S DECISION WITH THE DECISION RENDERED COVER LETTER MUST BE ATTACHED TO ORIGINAL APPEAL ONLY.
PROOF OF SERVICE MUST BE COMPLETED.

PROOF OF SERVICE

I hereby certify that I am this day serving one copy of this appeal as required by 34 PA Code and Section 111.12 to the parties and Judge in the manner indicated below.

Date: _____

By: _____
Signature

RULES FOR APPEAL TO BOARD FROM DECISION OF JUDGE

Sections 423-424

A period of 20 days after notice of a Judge's decision is allowed by Section 423 to take an appeal from the decision of the Judge to the Workers' Compensation Appeal Board. This period of 20 days is computed from but not including the date upon which the decision is mailed by the Bureau of Workers' Compensation, properly stamped and addressed.

An appeal will be considered as filed within the prescribed time if it is mailed to the Board, properly stamped and addressed, on the twentieth day after such notice. Thus, if a decision is mailed to the parties January 1, the appeal must be mailed to the Board and postmarked not later than January 21.

If a timely appeal is filed by a party, any other party may also file a cross-appeal within 14 days of the date on which the first appeal was filed.

The appellant must set forth specifically and fully the errors of which he/she complains.

The appeal will be listed for argument in the city closest to the claimant's home address; i.e., Philadelphia, Scranton, Harrisburg, Johnstown, Pittsburgh or Erie. You will be notified later of the exact time and place of the oral argument. **All appeals will be listed for oral argument in compliance with the provisions of Section 424.**

Auxiliary aids and services are available upon request to individuals with disabilities.
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