

MASHANTUCKET PEQUOT TRIBAL COURT
NOTICE OF APPEAL FROM WORKERS' COMPENSATION ACTION
(Pursuant to 13 M.P.T.L. ch. 2 § 17 of the Workers' Compensation Code)



Mashantucket Pequot
Tribal Nation
Tribal Court

| <u>FOR COURT USE ONLY</u> | | |
|---|--|------------|
| DOCKET NO. MPTC-CV-AA- | | |
| EMPLOYEE'S NAME: | | |
| ADDRESS: <i>(Street and/or P.O. Box)</i> | | |
| CITY | STATE | ZIP |
| TELEPHONE NUMBER: () - | ADDITIONAL PHONE / FAX NUMBERS: <i>(Optional)</i> | |
| EMPLOYEE BADGE NUMBER: | | |
| POSITION TITLE: | | |
| TYPE OF EMPLOYEE: <i>(Check as applicable.)</i> | | |
| <input type="checkbox"/> GAMING ENTERPRISE EMPLOYEE (Foxwoods) Department: | | |
| <input type="checkbox"/> TRIBAL GOVERNMENT – Division/Department: | | |
| DATE ON WHICH YOU RECEIVED THE WRITTEN DECISION FROM THE WORKERS' COMPENSATION COMMISSIONER: | | |
| DATE OF INFORMAL/FORMAL HEARING: | | |
| DATE OF INJURY: | | |
| DATE EMPLOYEE REPORTED INJURY TO EMPLOYER: | | |

SIGNATURE _____ **DATE** _____

| <u>FOR COURT USE ONLY</u> | | |
|--|--|---------------------|
| DATE NOTICE SENT BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED TO WORKERS' COMPENSATION COMMISSIONER: | | FILING DATE: |
| CERTIFIED MAIL RECEIPT No.: | | |
| DATE RETURN RECEIPT RECEIVED: | | |
| DATE CERTIFICATION RECEIVED: | | |