FORM NO. 8-B
UNEMPLOYMENT COMPENSATION
NOTICE OF APPEAL
TO MISSOURI COURT OF APPEALS
_____ DISTRICT

BEFORE THE LABOR AND INDUSTRIAL RELATIONS COMMISSION
STATE OF MISSOURI

_____	)
	)
Appellant,	) Social Security No.: _____
	)
vs.	) Employment Security Appeal No.: _____
	)
_____	) Appellate Court No.: _____
	)
Respondent.	)

Notice is hereby given that _____ appeals to the Missouri Court of Appeals, _____ District.

_____ Date notice of Appeal filed
(to be filled in by Secretary of Commission)

_____ Signature of Attorney or Appellant

(The appellant(s) must file the original notice of appeal and one copy for the Appellate Court with, and pay the docket fee required by court rule to, the secretary of the commission within the time specified by law. Claimants for unemployment benefits do not have to pay the docket fee. §288.380.5 RSMo. At the same time appellant must serve a copy of the notice of appeal on attorneys of record of all parties other than appellant(s), and on all parties not represented by an attorney. The Division of Employment Security is by statute a party to all unemployment benefit appeals. §288.210 RSMo. Proof of service shall be made on the original and copy to be filed with the commission.)

CASE INFORMATION

TYPE NAME AND BAR ENROLLMENT NUMBER OF APPELLANT

_____

Street _____

City _____

State _____ Zip Code _____

Telephone _____

TYPE NAME AND BAR ENROLLMENT NUMBER OF RESPONDENT'S ATTORNEY

_____

Street _____

City _____

State _____ Zip Code _____

Telephone _____

TYPE NAME OF EMPLOYEE

Employee _____

Street _____

City _____

State _____ Zip Code _____

TYPE NAME OF EMPLOYER

Employer _____

Street _____

City _____

State _____ Zip Code _____

Date of Commission Decision: _____

(Attach copy of Commission Decision)

County of Claimant's Residence: _____

DIRECTIONS TO COMMISSION

A copy of the notice of appeal and the docket fee shall be mailed forthwith to the clerk of the appellate court. The record on appeal shall be prepared and certified within such time as to enable timely filing by the appellant.

PROOF OF SERVICE

I have this day served a copy of this notice of appeal on each of the following persons at the address stated by _____ *(ordinary mail, certified mail, personal service):*

☐

_____
Signature of Attorney or Appellant

Dated:_____, 20_____