FORM NO. 8-C
WORKERS' COMPENSATION
NOTICE OF APPEAL
TO MISSOURI COURT OF APPEALS
_____ DISTRICT

BEFORE THE LABOR AND INDUSTRIAL RELATIONS COMMISSION
STATE OF MISSOURI

_____	)
	)
Claimant,	)
	) Injury No.: _____
vs.	)
	)
_____	) Appellate Court No.: _____
	)
Employer.	)

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. 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. 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'S ATTORNEY

_____

Street _____

City _____

State _____ Zip Code _____

Telephone _____

TYPE NAME OF APPELLANT

_____

Street _____

City _____

State _____ Zip Code _____

TYPE NAME AND BAR ENROLLMENT NUMBER
OF RESPONDENT'S ATTORNEY
**List additional respondents on page two of this form*

_____

Street _____

City _____

State _____ Zip Code _____

Telephone _____

TYPE NAMES OF

Employee: _____

Dependents: _____

Employer: _____

Insurer: _____

Date of Commission Award or Decision:

_____

(Attach copy of Commission Award or Decision)

Date and County of Accident:

_____

_____

Second Injury Fund Involved: ☐ Yes ☐ No

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_____