Appeal from Workers' Comp. Commission	
Form MCS 4-207	
Rev. 8/12	

MOHEGAN COURT SYSTEM

Appeal to:	Gaming Disput		Party Appealing:	Claimant Employer	
Action by Commiss	sioner from which app	oeal is taken:]	nding & Award/Dismissal uling on Motion	
Date of Action from	n which appeal is take	en:		rder	
	ction from which app		$ \rightarrow $		
	atter in Workers' Com			/C File No.:	
		. v.	5 		
Claimant/Employe Name of Claimant:			Responde	nt/Employer	
Address:	8 				
City/Town:	3				
State/Zip:	8				
Name of Employer:			Insurer:		
Address:					
City/Town:					
State/Zip:					

Reasons for Appeal: A statement of the reasons for the appeal must be filed with the Court within ten days after the filing of this Appeal, unless the Court extends such time for cause. The reasons should state why the trial Commissioner erred in regard to the law, or in regard to finding or not finding relevant and material facts according to the evidence presented at the hearing.

Additional Evidence:	Either party may file a motion to submit additional evidence or testimony before the Commissioner
pursuant to MTC § 4-207(e), together with the reasons for failure to present it at the hearing. Will such a motion be filed?
SIGNATURE OF APPELLAN	T/ATTORNEY
Name:	
Party Represented:	
Date:	
CERTIFICATION: I hereby	certify that a copy of the foregoing to all counsel of record and pro se parties listed on the attached

docketing statement on_____, 20____ (attach statement setting forth the names and addresses of all parties to this matter and their attorneys of record). FILING DATE

FILING FEE PAID	NO FEE	DOCKET NO.:	