Appeal from Workers' Comp. Commission Form MCS 4-207 Rev. 5/25 Mohegan Court System 13 Crow Hill Road Uncasville, CT 06382

Gaming Disputes Court: (860) 862-6155 Mohegan Tribal Court: (860) 862-6342

MOHEGAN COURT SYSTEM APPEAL FROM WORKERS' COMPENSATION COMMISSION

Appeal to:	Gaming Disputes Court Party Appea Mohegan Tribal Court	aling: Claimant Employer
Action by Commissic	oner from which appeal is taken:	Finding & Award/Dismissal Ruling on Motion
Date of Action from	which appeal is taken:	Order
(Attach a copy of Act	tion from which appeal is taken, if in writing).	
Case Caption of Mat	ter in Workers' Compensation Commission:	WC File No.:
Claimant/Employee Name of Claimant: Address:	v Res	pondent/Employer
City/Town: State/Zip:		
Name of Employer: Address:	Ins	surer:
City/Town: State/Zip:		
		be filed with the Court within ten days after the filing of uld state why the trial Commissioner erred in regard to the ding to the evidence presented at the hearing.
Additional Evidence: pursuant to MTC § 4-2	Either party may file a motion to submit add 207(e), together with the reasons for failure to preser Yes No Not known at this tim	
SIGNATURE OF APPELL	LANT/ATTORNEY	
Name:		
Party Represented:		
Date:		 ,
docketing statement o matter and their attorn	on, 20 (attach statement se eneys of record).	nsel of record and pro se parties listed on the attached etting forth the names and addresses of all parties to this FILING DATE
FILING FEE PAID	NO FEE DOCKET NO.:	