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

Mohegan Court System
13 Crow Hill Road, P.O. Box 549
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 ☐ Mohegan Tribal Court

Party Appealing: ☐ Claimant ☐ Employer

Action by Commissioner from which appeal is taken: ☐ Finding & Award/Dismissal ☐ Ruling on Motion ☐ Order

Date of Action from which appeal is taken: _____
(Attach a copy of Action from which appeal is taken, if in writing).

Case Caption of Matter in Workers' Compensation Commission: WC File No.:_____

_____ v. _____
Claimant/Employee Respondent/Employer

Name of Claimant: _____
Address: _____
_____
City/Town: _____
State/Zip: _____

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?*
☐ *Yes* ☐ *No* ☐ *Not known at this time*

SIGNATURE OF APPELLANT/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 FEE PAID	☐ NO FEE	DOCKET NO.:

FILING DATE