

FORM NO. 8-B  
UNEMPLOYMENT COMPENSATION  
NOTICE OF APPEAL  
TO MISSOURI COURT OF APPEALS  
DISTRICT OF COUNTY YOU LIVE IN DISTRICT

Instructions for completing  
Form 8-B  
**DO NOT RETURN THESE INSTRUCTIONS**

BEFORE THE LABOR AND INDUSTRIAL RELATIONS COMMISSION  
STATE OF MISSOURI

NAME OF PARTY APPEALING LABOR COMMISSION DECISION. )  
 )  
 ) Social Security No.: CLAIMANT'S SOCIAL SECURITY NUMBER  
 )  
ALWAYS ENTER "DIVISION OF EMPLOYMENT SECURITY" PLUS ANY ) Employment Security Appeal No.: APPEAL NUMBER  
OTHER INTERESTED PARTY INCLUDED ON THE LABOR )  
COMMISSION DECISION. ) Appellate Court No.: FOR COURT OF APPEALS. LEAVE THIS LINE BLANK  
 )  
 ) Respondent. )

Notice is hereby given that NAME OF PARTY APPEALING LABOR COMMISSION DECISION appeals to the Missouri Court of Appeals, DISTRICT OF COUNTY YOU LIVE IN District.

FOR LABOR COMMISSION. LEAVE THIS LINE BLANK ) SIGNATURE IS REQUIRED  
 )  
Date notice of Appeal filed ) Signature of Attorney or Appellant  
(to be filled in by Secretary of Commission)

(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	TYPE NAME AND BAR ENROLLMENT NUMBER OF RESPONDENT'S ATTORNEY
<u>THIS SECTION IS FOR THE NAME AND ADDRESS OF THE APPEALING PARTY'S ATTORNEY. IF THERE IS NO ATTORNEY REPRESENTING THE APPELLANT, LEAVE THIS SECTION BLANK.</u>	<u>THIS SECTION IS FOR THE NAME AND ADDRESS OF THE RESPONDING PARTY'S ATTORNEY. IF THERE IS NO ATTORNEY REPRESENTING THE RESPONDENT, LEAVE THIS SECTION BLANK.</u>
Street _____	Street _____
City _____	City _____
State _____ Zip Code _____	State _____ Zip Code _____
Telephone _____	Telephone _____
TYPE NAME OF EMPLOYEE	TYPE NAME OF EMPLOYER
Employee <u>THIS SECTION IS FOR THE NAME AND ADDRESS OF THE EMPLOYEE.</u>	Employer <u>THIS SECTION IS FOR THE NAME AND ADDRESS OF THE EMPLOYER.</u>
Street _____	Street _____
City _____	City _____
State _____ Zip Code _____	State _____ Zip Code _____

Date of Commission Decision:

ENTER MAIL DATE FROM LABOR COMMISSION DECISION.

*(Attach copy of Commission Decision)*

County of Claimant's Residence:

ENTER CLAIMANT'S COUNTY OF RESIDENCE. IF NOT IN MISSOURI, LIST STATE OF 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

HOW YOU WILL PROVIDE A COPY OF THIS FORM TO *(ordinary mail, certified mail, personal service):*  
OTHER INTERESTED PARTIES.

**IT IS APPELLANT'S (PERSON FILING THIS FORM) RESPONSIBILITY TO PROVIDE A COPY OF THIS FORM TO OTHER INTERESTED PARTIES LISTED ON THE LABOR COMMISSION DECISION. ENTER THE NAME AND ADDRESS OF EACH INTERESTED PARTY AND/OR ATTORNEY WHOM YOU ARE PROVIDING A COPY OF THIS FORM.**

**YOU MUST INCLUDE THE DIVISION OF EMPLOYMENT SECURITY. SEE BELOW FOR ADDRESS INFORMATION FOR THE DIVISION OF EMPLOYMENT SECURITY.**

**DIVISION OF EMPLOYMENT SECURITY  
PO BOX 59  
JEFFERSON CITY MO 65104**

SIGN HERE TO CERTIFY YOU SERVED A COPY AS DESCRIBED ABOVE

\_\_\_\_\_  
Signature of Attorney or Appellant

Dated: \_\_\_\_\_, 20 \_\_\_\_\_  
ENTER DATE OF SERVICE