

Date of Commission Award or Decision:

Date and County of Accident:

(Attach copy of Commission Award or Decision)

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____