

**FORM NO. 8-C  
WORKERS' COMPENSATION  
NOTICE OF APPEAL  
TO MISSOURI COURT OF APPEALS  
\_\_\_\_\_ DISTRICT**

**BEFORE THE LABOR AND INDUSTRIAL RELATIONS COMMISSION  
STATE OF MISSOURI**

	)	
	)	
Claimant,	)	
	)	Injury No.: _____
vs.	)	
	)	
	)	Appellate Court No.: _____
	)	
Employer.	)	

Notice is hereby given that \_\_\_\_\_ appeals to the Missouri Court of Appeals,  
\_\_\_\_\_ District.

\_\_\_\_\_  
Date notice of Appeal filed  
*(to be filled in by Secretary of Commission)*

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

(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. 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. 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'S ATTORNEY

TYPE NAME AND BAR ENROLLMENT NUMBER  
OF RESPONDENT'S ATTORNEY  
*\*List additional respondents on page two of this form*

\_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

\_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

TYPE NAME OF APPELLANT  
\_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

TYPE NAMES OF  
Employee: \_\_\_\_\_  
Dependents: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Insurer: \_\_\_\_\_

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\_\_\_\_