

Workers' Compensation Act Section 423 provides a period of 20 days from the circulation date of the decision by the Workers' Compensation Judge ("Judge") to appeal that decision to the Worker's Compensation Appeal Board ("Board"). This 20-day period is computed from but does not include the circulation date set forth on the Judge's decision.

This appeal will be considered filed on time if it is mailed and postmarked (USPS) to the Board, or filed on-line via the Workers' Compensation Automation and Integration System (WCAIS), no later than the twentieth day after circulation of the Judge's decision. For example, if a Judge's decision is circulated on May 1, the appeal must be mailed and postmarked to the Board, or filed via WCAIS, by May 21.

Any other party may file a cross-appeal within 14 days of when this appeal was filed.

The party filing this appeal (Petitioner) must set forth specifically and fully the errors in the Judge's decision.

In compliance with 34 Pa. Code § 111.17, all appeals will be scheduled for oral argument (in-person or virtual) unless all parties to the appeal indicate that no oral argument is requested or that it is waived.

**APPEAL FROM JUDGE'S FINDINGS OF FACT
AND/OR CONCLUSIONS OF LAW**

CLAIMANT

ADDRESS

CITY STATE ZIP CODE

EMAIL ADDRESS TELEPHONE NUMBER

VS

DEFENDANT

ADDRESS

CITY STATE ZIP CODE

EMAIL ADDRESS TELEPHONE NUMBER

Petition Type: _____

Circulation Date: _____

Dispute Number: _____

Date of Injury: _____

INSURANCE CARRIER

ADDRESS

CITY STATE ZIP CODE

If an attorney representing Petitioner, please enter my appearance for Petitioner:

FILED ON BEHALF OF WHICH PARTY

FILER'S ADDRESS CITY

FILER'S EMAIL ADDRESS

FILER NAME

STATE ZIP CODE

FILER'S TELEPHONE NUMBER

TO THE WORKERS' COMPENSATION APPEAL BOARD, HARRISBURG, PENNSYLVANIA:

The Petitioner appeals from the decision of Judge _____ on the grounds that the following findings of fact were not supported by sufficient, competent evidence, as specifically set forth below. (If you need more space attach extra pages.)

The Petitioner appeals from the decision of Judge _____ and alleges the following errors of laws as to why the decision of the Judge does not conform to the provisions of the Workers' Compensation Act or the Occupational Disease Act. (If you need more space attach extra pages.)

Please check the correct box or boxes:

Petitioner intends to submit a brief. When submitting the brief, Petitioner will specify its hearing preference: in-person, electronic (virtual), or waive hearing (no hearing).

OR

Petitioner will not be submitting a brief. Petitioner's hearing preference is (choose one):

In-person hearing

Electronic (virtual) hearing

Waive hearing (no hearing)

YOU MUST ATTACH TO THIS DOCUMENT A COPY OF THE JUDGE'S DECISION WITH THE DECISION RENDERED COVER LETTER.

PROOF OF SERVICE (MUST BE COMPLETED)

I hereby certify that I am this day serving a copy of this appeal and all attachments as required by 34 Pa. Code § 111.12 to the parties and Judge in the manner indicated below.

Date: _____

By: _____

Signature

Department of Labor and Industry | Workers' Compensation Appeal Board
651 Boas Street, Room 832 | Harrisburg, PA 17121
Phone: 717-783-7838 | Fax: 717-772-0343 | Hearing Impaired: PA Relay 7-1-1
Email: ra-li-wcab@pa.gov | www.dli.pa.gov

Auxiliary aids and services are available upon request to individuals with disabilities.

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