

IN THE NEBRASKA WORKERS' COMPENSATION COURT

Docket: _____ Page: _____

[employee name] ,
Plaintiff,
VS.

[name of employer or name of employer and insurance company] ,
Defendant(s).

NOTICE OF APPEAL

COMES NOW the _____, and hereby gives notice of intent to appeal the _____
[plaintiff or defendant(s)] [Award or Order of Dismissal or, if other, title of decision]

entered by the Nebraska Workers' Compensation Court on _____ to the Nebraska Court of Appeals.
[date of the decision]

[sign your name]

[print your full name]

[print your street address]

[print your city, state & zip code]

[print your telephone number]

NOTE: See other side of this form for instructions.

Please keep the court informed if you change your address or phone number.

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the above Notice of Appeal was served upon:

[Check one method of service for each party served]

Name: _____
[name of service recipient]

Name: _____
[name of service recipient]

Mail: _____
[street address]

Mail: _____
[street address]

[city, state, & zip code]

[city, state, & zip code]

Fax: _____
[fax number, including area code]

Fax: _____
[fax number, including area code]

Hand Delivery: _____
[address where delivered, city, state, & zip code]

Hand Delivery: _____
[address where delivered, city, state, & zip code]

Electronic Mail: _____
[electronic mail (email) address]

Electronic Mail: _____
[electronic mail (email) address]

Date of Service: _____
[month, day, and year that the document was served]

Date of Service: _____
[month, day, and year that the document was served]

Are there more than two parties to be served? Yes No If so, attach a list of additional recipients to this form.

[sign your name]

[print your full name]

INSTRUCTIONS FOR NOTICE OF APPEAL

These instructions and forms are a product of the Nebraska Workers' Compensation Court and are provided as a public service. THE NEBRASKA WORKERS' COMPENSATION COURT DOES NOT REPRESENT THAT THESE INSTRUCTIONS AND FORMS WILL BE APPROPRIATE IN EVERY CASE. CASE-SPECIFIC QUESTIONS SHOULD BE DIRECTED TO A LAWYER. COURT PERSONNEL MAY NOT COMPLETE THE FORMS FOR YOU.

The Notice of Appeal is a document that notifies the court and the other parties that you are appealing the decision of the Workers' Compensation Court. In order to meet the statutory deadline for appeal and perfect your appeal, you must file a Notice of Appeal with the Workers' Compensation Court clerk's office **within 30 days of the date of the judge's decision**. The filing fees should be paid with a \$26 check payable to Nebraska Court of Appeals and a \$75 check payable to Nebraska Workers' Compensation Court. Alternatively, an Affidavit and Application to Proceed without Payment of Costs may be filed (form available on the Publications & Forms section of Workers' Compensation Court web site at <http://www.wcc.ne.gov/publications/publications.aspx#adj>).

In addition, upon filing the Notice of Appeal, you should file a Praecipe for Transcript and a Request for Bill of Exceptions in the Workers' Compensation Court clerk's office. Forms and instructions for these documents are available on the court's web site at <http://www.wcc.ne.gov/publications/publications.aspx#adj>.

General questions regarding this process may be directed to the court's information line at **800-599-5155** or **402-471-6468** or you may contact the court by email from our web site (<http://www.wcc.ne.gov>). Case-specific inquiries should be directed to a lawyer, as the Nebraska Workers' Compensation Court cannot provide legal advice.

HEADING

Enter the same heading as it appears on other previously-filed documents in your case. If you are unsure of the heading information, you may contact the clerk's office to obtain the information.

BODY OF THE NOTICE OF APPEAL

Enter which party you were in the trial court action (plaintiff or defendant(s)) in the first blank provided. In the second blank provided, indicate whether the decision you are appealing was an Award, an Order of Dismissal, or, if another type of decision, enter the title of the decision. Enter the date of the decision in the third blank.

Attach additional pages, if needed. Be sure to indicate in the blank space that additional pages are attached.

SIGNATURE, ADDRESS, AND TELEPHONE

- Sign your name in the space provided.
- Print your full name in the space provided.
- Print your address in the space provided.
- Print your telephone number in the space provided.

NOTE: If your address or phone number changes, contact the clerk's office to ensure that you will continue receiving important notifications about your case.

CERTIFICATE OF SERVICE

Court rules require proof that you served certain documents on the other parties in a case. To serve someone means you have given them a copy of the document in a way that is permitted under Nebraska Workers' Compensation Court Rule 3,B,1 (available on the Publications & Forms section of our web site at <http://www.wcc.ne.gov/publications/publications.aspx#adj>). There are several methods of service available, but the most common method is by mail. Complete the Certificate of Service to show that you sent a copy of the document to the other party(ies). If there are more than two additional parties to be served, check the box labeled "Yes" and attach a list of additional recipients. If not, check the box labeled "No".

- Enter the name of each person you will serve.
- Select the correct method of service by checking the appropriate box and enter the corresponding information (e.g., for service by mail, provide the address that you used). You may serve a party via email or fax only if the party has previously designated an email address or fax number on a prior document. See Nebraska Workers' Compensation Court Rule 3,B,1.
- Enter the date of service.

SIGNATURE

- Sign your name in the space provided.
- Print your full name in the space provided.

Once you have completed the form, make copies. Send the original form to the court along with the original Praecipe for Transcript and Request for Bill of Exceptions. The original Notice of Appeal is for the court file. Send a copy to each party according to the service method you indicated in the Certificate of Service (see above). Keep one copy for your records. You may mail, fax, or hand-deliver the original form to the court.

Mail to: Nebraska Workers' Compensation Court P.O. Box 98908 Lincoln NE 68509-8908	Fax to: 402-471-8231	Hand-deliver (or deliver by FedEx, UPS, etc.) to: Nebraska Workers' Compensation Court 1010 Lincoln Mall, Suite 100 Lincoln NE 68508
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ADDITIONAL INFORMATION REGARDING APPEALS

For information on any additional requirements, see the Nebraska Court Rules of Appellate Practice (<http://supremecourt.ne.gov/supreme-court-rules/ch2/art1>) and the "Citizen's Guide to the Nebraska Appellate Courts" (<http://supremecourt.ne.gov/sites/supremecourt.ne.gov/files/self-help/citz-guide-appellate-courts.pdf>).

APPEAL DOCUMENT CHECKLIST

To the Nebraska Workers' Compensation Court:

- The original, completed Notice of Appeal
- A \$26 check payable to Nebraska Court of Appeals and a \$75 check payable to Nebraska Workers' Compensation Court (or Affidavit and Application to Proceed without Payment of Costs)
- The original, completed Praecipe for Transcript
- The original, completed Request for Bill of Exceptions
- The Affidavit and Application to Proceed without Payment of Costs, if applicable

To each of the other party(ies):

- One copy of the completed Notice of Appeal
- One copy of the completed Praecipe for Transcript
- One copy of the completed Request for Bill of Exceptions

To the court reporter:

- One copy of the completed Request for Bill of Exceptions (contact the clerk's office to obtain the court reporter's contact information).

APPEAL COSTS

Generally, the person requesting the appeal must pay the costs of the appeal, unless the court approves the Application to Proceed without Payment of Costs. These costs include the cost to prepare the Bill of Exceptions, the cost to prepare the Transcript (\$1.00), the cash deposit (\$75.00), the Court of Appeals costs (\$26.00) and the costs you incur for printing briefs. You must pay for the cost to prepare the Bill of Exceptions. The court reporter will give you an estimate of the cost to prepare the Bill of Exceptions, and you may have to pay a deposit before he / she begins preparation.