



## DISTRICT COURT

### APPEAL FORM

Rhode Island General Laws 1956 § 28-44-52 establishes the right to appeal within thirty (30) days of notice of decision. The fee for this appeal is Eighty Dollars (\$80.00).

You must complete this form and state your reasons for this appeal on the second page of this form. (Attach additional pages if necessary). If your appeal does not show sufficient grounds, it will be denied.

Failure to file this Appeal Form and pay the fee within thirty (30) days of decision will deny your opportunity for an appeal.

This is an appeal from a decision by: **Department of Labor and Training Board of Review**

#### **COMPLETE THE FOLLOWING:**

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Initial                                      Date of Birth

\_\_\_\_\_  
Address (Number and Street, City, State, and Zip Code)

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
E-mail Address

#### **ATTORNEY OF RECORD MUST FILL OUT THE FOLLOWING:**

\_\_\_\_\_  
Attorney (Signature)

\_\_\_\_\_  
Attorney (Print)

\_\_\_\_\_  
Rhode Island Bar Number

\_\_\_\_\_  
Address (Number and Street, City, State, and Zip Code)

\_\_\_\_\_  
Office Telephone Number

\_\_\_\_\_  
Cell Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

**STATE REASONS FOR APPEAL BELOW**