

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 \$100.75.

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:

		Date:
Name of Party _____		Date of Birth:
Address:		
Home Telephone Number:	Cell Number:	Email Address:

ATTORNEY OF RECORD MUST FILL OUT THE FOLLOWING:

		Rhode Island Bar Number:
/s/ _____ Signature of the Attorney		Date:
Address:		
Office Telephone Number:	Cell Number:	Email Address:

DISTRICT COURT

STATE REASONS FOR APPEAL BELOW

[Empty box for State Reasons for Appeal]