



State of Rhode Island

Providence, Sc.

Workers' Compensation Court

VS.

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W.C.C. No. _____

CLAIM OF APPEAL TO THE APPELLATE DIVISION

The _____ being aggrieved by the entry of said decree on
_____ hereby files _____ claim of appeal to the Appellate
Division and _____ will _____ will not request a transcript of the testimony. To request a transcript, the
appellant must file form CC-12 (Request for Transcript) in accordance with the Procedure for Requesting
a Transcript found on the Judiciary's website at www.courts.ri.gov .

Signature of attorney for the appellant

Print Attorney's Name and Registration Number

The reasons of appeal, together with the transcript of testimony shall be filed on or before
_____.

/s/
Judge

Date

W.C.C. No. _____

The time for filing reasons of appeal and the transcript of testimony is hereby extended to

Judge Date

The time for filing reasons of appeal and the transcript of testimony is hereby extended to

Judge Date

The time for filing reasons of appeal and the transcript of testimony is hereby extended to

Judge Date

The time for filing reasons of appeal and the transcript of testimony is hereby extended to

Judge Date

CERTIFICATE OF SERVICE

I hereby certify that, on the _____ day of _____, _____:

I electronically filed and served this document through the electronic filing system with notice to on the following parties: _____

_____.

The document electronically filed and served is available for viewing and/or downloading from the Rhode Island Judiciary’s Electronic Filing System.

I served this document through the electronic filing system on the following parties: _____

_____.

The document electronically served is available for viewing and/or downloading from the Rhode Island Judiciary’s Electronic Filing System.

I mailed or hand-delivered this document to the attorney counsel for the opposing party (and/or the opposing party if self-represented,) whose name is _____

at the following address _____.