

State of Rhode Island Judiciary		
Providence, Sc.	Workers' Compensation Court	
VS.)) W.C.C. No	
CLAIM OF APPEA	L TO THE APPELLATE DIVISION	
The1	being aggrieved by the entry of said decree on	
hereby files	claim of appeal to the Appellate	
Division and will will not requ	est a transcript of the testimony. To request a transcript, the	
appellant <u>must</u> file form CC-12 (Request for T	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 trans-	cript of testimony shall be filed on or before	

Date

	W.C.C. No.	
The time for filing reasons of appeal and the tra	anscript of testimony is hereby ex	stended to
	Judge	Date
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	Judge	Date
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	Judge	Date
CERTIFI	CATE OF SERVICE	
I hereby certify that, on the day of	;:	
I electronically filed and served this document following parties:		. •
The document electronically filed and served is Island Judiciary's Electronic Filing System. I served this document through the electronic	-	-
The document electronically served is available Judiciary's Electronic Filing System.	for viewing and/or downloading	from the Rhode Island
	at to the attorney counsel for the o	
opposing party if self-represented,) whose name	is	
at the following address		·