



State of Connecticut Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 3-17-2006

PFR

Petition for Review

Compensation Review Board

Parties should consult Section 31-301 C.G.S. and any other statutes and Administrative Regulations pertaining to the appeal process.

WCC File #

Date filed with CRB

Date filed in District

(for WCC use only)

(for WCC use only)

APPEAL

The undersigned party(ies) hereby appeal(s) to the Compensation Review Board from the Commissioner's:

- finding & award/dismissal
- ruling on motion
- order

dated: _____

CLAIMANT

Name of Claimant _____

Address _____

City/Town _____

State _____ Zip Code _____

DIRECTIONS AND REQUIREMENTS

An original and five (5) copies of this form must be completed and filed with a district office, preferably where the award, order/finding, or decision which you are appealing was rendered, within twenty (20) days after its issuance, or the appeal will be dismissed.

Reasons of Appeal [See Sec. 31-301-2]

A statement of the reasons for the appeal must be filed with the Compensation Review Board within ten (10) days after the filing of this petition, unless the Chairman extends such time for cause. The reasons should state why the trial Commissioner erred in regard to the law, or in regard to finding or not finding important facts according to the evidence presented at the hearing.

Correction of Finding [See Sec. 31-301-4]

If Appellant claims the Commissioner's factual findings are incorrect, a motion to correct the findings should be filed within two (2) weeks after such findings have been filed, unless the Commissioner extends such time for cause. With the motion must be filed the portions of the evidence and/or such portions or all of the transcript upon which the Appellant relies; and, for this purpose a transcript must be requested.

Are you requesting a transcript for this appeal?

- Yes
- No

If a transcript is requested, please enter the appropriate formal hearing date(s):

Additional Evidence [See Sec. 31-301-9]

The Appellant may also file a motion to submit additional evidence or testimony, together with the reasons for failure to present it in the hearing.

Will you be filing a motion asking permission to submit additional evidence or testimony?

- Yes
- No

EMPLOYER

Name of Employer _____

Address _____

City/Town _____

State _____ Zip Code _____

INSURER

Name of Insurer _____

Address _____

City/Town _____

State _____ Zip Code _____

SIGNATURE OF APPELLANT OR ATTORNEY

Signature _____ Date _____

Name of Appellant or Attorney _____

Address _____

City/Town _____

State _____ Zip Code _____