FORM NO. 8-B
UNEMPLOYMENT COMPENSATION
NOTICE OF APPEAL
TO MISSOURI COURT OF APPEALS
County to district converter link. **DISTRICT**

Form 8-B
Instruction Sheet
DO NOT RETURN THESE INSTRUCTIONS

BEFORE THE LABOR AND INDUSTRIAL RELATIONS COMMISSION
STATE OF MISSOURI

Enter name of party appealing Labor Commission decision.	)
Appellant,	) Social Security No.: Enter the claimant's social security number.
vs.	) Employment Security Appeal No.: Enter the appeal number. Ends with "Type__-__"
Always enter "Division of Employment Security" -- Enter any other interested opposing party (either employer or claimant), if applicable.	) Appellate Court No.: Leave this line blank.
Respondent.	)

Notice is hereby given that Enter name of party appealing Labor Commission decision. appeals to the Missouri Court of Appeals, County to district converter link. District.

Leave this line blank.
Date notice of Appeal filed
(to be filled in by Secretary of Commission)

Sign here.
Signature of Attorney or Appellant

(The appellant(s) must file the original notice of appeal and one copy for the Appellate Court with, and pay the docket fee required by court rule to, the secretary of the commission within the time specified by law. Claimants for unemployment benefits do not have to pay the docket fee. §288.380.5 RSMo. At the same time appellant must serve a copy of the notice of appeal on attorneys of record of all parties other than appellant(s), and on all parties not represented by an attorney. The Division of Employment Security is by statute a party to all unemployment benefit appeals. §288.210 RSMo. Proof of service shall be made on the original and copy to be filed with the commission.)

CASE INFORMATION

TYPE NAME AND BAR ENROLLMENT NUMBER OF APPELLANT

The 5 lines in this block are for the name and address of the appealing party's atty. If there is no attorney representing the appellant, leave this block blank.

Street _____

City _____

State _____ Zip Code _____

Telephone _____

TYPE NAME AND BAR ENROLLMENT NUMBER OF RESPONDENT'S ATTORNEY

The 5 lines in this block are for the name and address of the responding party's atty. If there is no attorney representing the respondent, leave this block blank.

Street _____

City _____

State _____ Zip Code _____

Telephone _____

TYPE NAME OF EMPLOYEE

Employee These 4 lines are for the name and address of the employee.

Street _____

City _____

State _____ Zip Code _____

TYPE NAME OF EMPLOYER

Employer These 4 lines are for the name and address of the employer.

Street _____

City _____

State _____ Zip Code _____

Date of Commission Decision:

Enter the date of the Labor Commission decision (same as date mailed by Comm'n).

(Attach copy of Commission Decision)

County of Claimant's Residence:

Enter the claimant's county of residence.
If not in Missouri, also list state of residence.

DIRECTIONS TO COMMISSION

A copy of the notice of appeal and the docket fee shall be mailed forthwith to the clerk of the appellate court. The record on appeal shall be prepared and certified within such time as to enable timely filing by the appellant.

PROOF OF SERVICE

I have this day served a copy of this notice of appeal on each of the following persons at the address stated by Indicate how you served a copy on the respondent(s). *(ordinary mail, certified mail, personal service):*

It is appellant's job to provide notice and copies of the appeal documents to the respondent(s). Enter the name and address of each respondent and/or attorney to whom you provided a copy of the form 8-B.

Example:

John Doe Company
111 Main St.
Center, MO 22222

Sample, Do NOT use this address.

Division of Employment Security
P.O. Box 59
Jefferson City, MO 65104

Use this address for the Division.

Sign here to certify you served the copies as described above.

Signature of Attorney or Appellant

Dated: Enter the date of service, 20