

(Name, Address, Phone Number)

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**IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA**

_____	)	
<b>Appellant,</b>	)	
	)	<b>WCC No.</b>
<b>vs.</b>	)	
	)	<b>NOTICE OF APPEAL</b>
_____	)	<b>PURSUANT TO</b>
	)	<b>§ 39-71-610, MCA</b>
<b>Appellee.</b>	)	

As set forth in ARM 24.5.314 Appellant alleges:

1. I am appealing from the decision issued by the Department of Labor and Industry on \_\_\_\_\_, 20\_\_\_, regarding interim benefits under § 39-71-610, MCA.

2. I believe that I am entitled to the following relief:

\_\_\_\_\_

3. I believe that I am entitled to said relief on the following grounds:

\_\_\_\_\_

(If additional space is needed, please attach sheet to this Notice of Appeal.)

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Appellant

CERTIFICATE OF SERVICE

I hereby certify that I served a copy of the foregoing **Notice of Appeal** upon the persons whose names appear below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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(Use this space for name of opposing counsel)

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(Use this space for the Department of Labor  
and Industry, Legal Services Division)

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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