

Sample forms for filing an appeal
from the
Industrial Accident Board Appeal (Workman's Compensation)

INDUSTRIAL ACCIDENT BOARD APPEAL PRAECIPE SAMPLE
(Workman's Compensation)
IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

PRAECIPE

Your Name)	
)	
)	
vs.)	Civil Action No.
)	
Name of Company)	
)	
and)	
)	
Industrial Accident Board)	
(if they are being named)	
as a party))	

Please issue Citation on Appeal

Name of Company
Address of Company

Industrial Accident Board
4425 N. Market Street
Wilmington, DE 19802

Appellant

Address
Phone

TO: Prothonotary

IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

Your Name) C.A. No. _____
)
)
v.) CITATION ON APPEAL FROM
) THE DECISION OF:
Name of Company) IAB
)
and) DATED: _____
)
)
Industrial Accident Board (if they are being named as a party)	

THE STATE OF DELAWARE,
TO THE SHERIFF OF _____ COUNTY:
YOU ARE COMMANDED:

To cite the Industrial Accident Board so that, within 20 days after service hereof upon the Custodian of its records, exclusive of the day of service, the Custodian shall send to this Court a certified copy of the record of the proceedings below, including a typewritten copy of the evidence (unless all parties having an interest in the outcome of the appeal shall file with the Industrial Accident Board within 10 days from the filing of the Notice of Appeal, a written stipulation that the evidence may be omitted as a part of the record, in which case the stipulation shall be included as a part of the record), together with this citation.

Dated: _____

SHARON AGNEW
Prothonotary

Per Deputy