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

INDUSTRIAL ACCIDENT BOARD APPEAL PRAECIPE SAMPLE

				(Wo:	rk	man's	Con	npen	sat	lon)			
	IN	TH	E SU	PERIO	R	COURT	OF	THE	SI	ATE	OF	DELAWARE	l
		IN	AND	FOR _								COUNTY	
						PR	AECI	PE					
)						
Your	Name)						
)						
)	Ci	vil	Actio	n No	ο.	

vs. Name of Company and

Industrial Accident Board (if they are being named as a party)

Please issue <u>Citation on Appeal</u>

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 IN AND FOR _____ COUNTY

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 <u>Industrial Accident Board</u> so that	at, within 20 days after service
hereof upon the Custodian of its records, exclus	ive of the day of service, the
Custodian shall send to this Court a certifie	ed 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 t	he 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 omi	tted 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	N AGNEW

Prothonotary

Per Deputy

Industrial Accident Board Appeal Samples