

WORKER'S COMPENSATION JURISDICTIONAL INDEX

COURT OF APPEAL, THIRD CIRCUIT

NOTE: Complete this form for all **worker's compensation** appeals, include as the first page of the record.

v. _____ Case No. _____

OWC Dist.: _____ Parish: _____ Hearing Officer: _____

Check type of case below: Delay for appealing

Devolutive 60 days (2087)
 Suspensive 30 days (2123)
 Bond _____ Date filed _____
 Pauper _____
 Exempt _____

	<u>DATE</u>	<u>VOL.</u>	<u>PAGE</u>
Case filed on	_____	_____	_____
Judgment or order appealed was signed on	_____	_____	_____
Written reasons for ruling given? no _____			
yes _____	_____	_____	_____
Notice of judgment (if required) mailed on	_____	_____	_____
Motion for new trial filed on	_____	_____	_____
Denied? _____	_____	_____	_____
Notice of Denial mailed on	_____	_____	_____
Granted? _____	_____	_____	_____
New final judgment signed on	_____	_____	_____
Notice of judgment mailed on	_____	_____	_____
_____ No Motion for new trial filed.			
Motion for Appeal filed by:			
(1) _____ on	_____	_____	_____
(2) _____ on	_____	_____	_____
Order granting appeal for appellant 1 signed on	_____	_____	_____
Order granting appeal for appellant 2 signed on	_____	_____	_____
(Additional appellants: put the dates, volumes, and pages of orders in Additional Notes section below.)			
Trial occurred on (Dates) _____			
Record contains transcripts of each date of trial?			
no _____ yes _____	_____	_____	_____
Number of volumes in record _____			
All attorneys of record shown on cover sheet?			
no _____ yes _____			
Record contains exhibits? no _____ yes _____			
Exhibits: _____ bound with record _____ bound separately.			

Additional Notes: _____

Prepared by: _____

FOR COURT OF APPEAL USE ONLY

Date Lodged: _____ Ct./App. Docket No.: _____ No. of Volumes: _____
 Exhibits? Yes _____ No _____ bound with record _____ bound separately _____ oversized?
 Appeal (s) Filing Fees: _____ Paid _____ Exempt _____ Pauper _____
 Answer Filed? Yes _____ No _____ Date of filing? _____ Paid _____ Exempt _____ Pauper _____
_____ Examiner

Notes: _____

