Name and Contact Info (mailing address & e-mail) for Service of Process

## **Commonwealth of the Northern Mariana Islands**

## Department of Labor Office of the Secretary

In Re Matter of:	) Case No ) Appeal No
Appellant, v.	NOTICE OF APPEAL
Appellee.	_, ) ) ) )

1. State the nature of the case, timeliness of the appeal, and administrative decision on appeal. You may attach the Administrative Order and the original pleadings.

2. Indicate the basis of the appeal.

The Administrative Hearing Office decision contained a factual error that altered the decision.

The Administrative Hearing Office decision was based on erroneously admitted or suppressed evidence that would have otherwise altered the decision.

The Administrative Hearing Office decision was based on a legal error that would have otherwise altered the decision.

Other

3. Identify and explain the factual, evidentiary, or legal errors that support reversal or partial reversal of the Administrative Decision. If you need additional space, you may attach a separate legal brief.	
4. Indicate relief sought.	
I contifue that sufficient basis for the above allegations exist. I contifue that the information I have a series and in and	
I certify that sufficient basis for the above allegations exist. I certify that the information I have provided in and with this Notice of Appeal form is true to the best of my knowledge and belief. I further certify that there is no	
frivolous or improper basis for this filing, including, but not limited to, delay or harassment.	

I understand that the above-stated information will serve as the basis for initiating an appeal with at the CNMI Department of Labor, Office of the Secretary. I understand that I may be contacted by the Department of Labor for the purpose of providing further information or documents to substantiate the above-stated allegations, and I may

Date

be called to participate in further legal proceedings.

**Print Name and Sign**