

# 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_