

**APPEAL TO THE
MICHIGAN COMPENSATION APPELLATE COMMISSION**

Mail to: **P.O. Box 30475
Lansing, MI 48909**

Fax to: **517-241-7326**

Appealing Party (check one): Claimant Employer UIA

Claimant: _____ SS#: _____ (last 4 digits)

Claimant Address: _____

Employer(s): _____

Employer Address: _____

Docket No. _____ Case No. _____ Decision Date: _____

Docket No. _____ Case No. _____ Decision Date: _____

Docket No. _____ Case No. _____ Decision Date: _____

(If appealing multiple Administrative Law Judge Decisions and/or Orders,
please list all Docket (Appeal) Nos, Case Nos, & Decision Dates)
(attach additional pages/documents if necessary)

Reason(s) for Appeal:

Date: _____ Filing Party: _____
Signature (Required)

Print Name: _____

Your appeal must be received at Michigan Compensation Appellate Commission (MCAC) within 30 days from the Mailed Date of the Administrative Law Judge's (ALJ) Decision or Order. Please mail or fax your appeal to the address or fax number listed at the top of this form. Questions - contact MCAC at 1-800-738-6372.

LARA is an equal opportunity employer/program.