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Board of Industrial Insurance Appeals
PO Box 42401 Olympia, WA 98504-2401

Crime Victim NOTICE OF APPEAL

If you disagree with a decision of the Department of Labor and Industries concerning a crime victim's claim, this form can be used to file an appeal of that decision. You must file the appeal with the Board of Industrial Insurance Appeals, **WITHIN 90 DAYS of the date you received** the Department's decision. The appeal can be filed with the Board by mail at the above address.

* indicates required field

Today's date: _____

Crime Victim Claim No: * _____

Appeal filed by: * ___Claimant ___Beneficiary ___Guardian ___Estate of

Claimant's Name: *First _____ Middle Initial ___ last: * _____

Address: * _____

City: * _____ State: * _____ Zip: * _____

Work/Home Telephone: * _____ Contact E-mail: _____

I wish to appeal the decision of the Dept of Labor & Industries dated: _____ [copy attached]

The situation arose on (Date) _____, at (Location) _____

What are you asking for? _____

I desire to have any proceedings held in: (City) _____

(Signature) * _____

Name: (Please Print) * _____

It is important that we be able to reach you concerning your appeal. If you do not have a phone, please provide the number of a friend/relative where the Board can leave a message. Also, please notify the us if you change your address.