

Use this form if you intend to hand-deliver, mail, or fax your appeal. Don't send this form as an attachment to an email. If you want to file an appeal electronically, the form can be found at <https://fortress.wa.gov/bia/efiling/NewAppeals/bia02.ASP>.

Please use this form OR file electronically. Don't do both.

## NOTICE OF APPEAL Washington State Workers' Compensation Only

If you disagree with a decision of the Department of Labor & Industries (L&I) concerning a workers' compensation 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 60 DAYS** of the date you receive L&I's decision.

**Board of Industrial Insurance Appeals**  
2430 Chandler Court SW  
PO Box 42401  
Olympia, WA 98504-2401  
FAX: 360-586-5611 or 855-586-5611 (outside Olympia)

**\* indicates required field**

1. \*Today's Date: \_\_\_\_\_

2. Appeal Filed By:

- Attorney
- Beneficiary
- Lay Representative
- Provider
- Self
- Retro Group
- Other \_\_\_\_\_

3. Appeal Filed on Behalf of:

- Beneficiary
- Employer
- Provider
- Worker/Claimant
- Retro Group

#### 4. Worker Information

*First Name: _____	Middle Name: _____	*Last Name: _____
*Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: _____	Work Phone: _____	
Email Address: _____		
Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Language? _____		

#### 5. L&I Information

*L&I Claim No.: _____	*Date of L&I Decision: _____
Date of Injury or Occupational Disease: _____	
City Where Injury or Occupational Disease Occurred: _____	
What are you asking for? _____	

**6. Employer Information**

\*Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
If appeal filed by Employer, please provide:  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Are you part of a retro group?  Yes  No If yes, name: \_\_\_\_\_

**7. Preparer Information (if different from above)**

Preparer Name: \_\_\_\_\_  
Attorney Name \_\_\_\_\_ Bar No. \_\_\_\_\_  
Firm Name \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact Email Address: \_\_\_\_\_

**8. Location**

I desire to have any proceedings held in: \_\_\_\_\_ (County)

**CERTIFICATION**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_