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

Commonwealth of the Northern Mariana Islands
Department of Labor
Administrative Hearing Office
Building # 1357 Capitol Hill, Caller Box 10007, Saipan MP 96950
Telephone No.: (670) 664-3291/3292/3293; Fax No.: (670) 664-3194
Web: www.marianaslabor.net; E-mail: hearing@dol.gov.mp

In Re Matter of:)   Case No. _____

)
_____,   )   Appeal No. _____
)
)
                       Appellant,   )
)   **NOTICE OF APPEAL**
            v.   )
)
_____,   )
)
                       Appellee.   )
)

1. Indicate whether your appeal is timely filed. If your appeal is filed outside deadline, indicate why your appeal is untimely.

2. Indicate the basis of the appeal. Please attach a copy of the Administrative Order or Decision you are appealing.

   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. If you need additional space, you may attach a separate legal brief.

4. Indicate relief sought.

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 be called to participate in further legal proceedings.

Print Name and Sign   Date