

IN THE TULALIP TRIBAL COURT
TULALIP INDIAN RESERVATION
TULALIP, WASHINGTON

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Appellant,
Vs.

NO.

**NOTICE OF WORKERS
COMPENSATION APPEAL AND
REQUEST FOR APPEAL HEARING**

Appellee.

(Appeal must be filed within 60 days of receiving notice of decision)

I am requesting the Court to schedule a court date to hear testimony to review the insurance decision. The Court has jurisdiction in this matter pursuant to T.T.C., Title 9, Chapters 9.15.

() Other, please specify: _____.

I. APPELLANT

Employee: _____ Telephone #: _____

Address: _____ Message #: _____

II. APPELLEE

Employer: _____ Telephone #: _____

Address: _____ Message #: _____

III. FACTS

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Date notified of insurance decision: _____.

I feel that this decision was not justified because:

_____.

Attach relevant documents (i.e., notices, letters denying coverage, certified receipts, contracts/agreements, etc.)

IV. RELIEF REQUESTED

I am requesting the following relief should the Court determine that my denial was not justified:

_____.

DATED this _____ day of _____, 20__.

Appellant's