

**SUPERIOR COURT OF NEW JERSEY**  
**APPELLATE DIVISION**

**RICHARD J. HUGHES JUSTICE COMPLEX**

P.O. Box 006, Trenton, New Jersey 08625-0006

(609) 815-2950

**JOSEPH H. ORLANDO**  
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**JOHN K. GRANT**  
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**ELLEN WRY**  
DIRECTOR, CENTRAL RESEARCH

**MARIE C. HANLEY**  
CHIEF COUNSEL

This office has received your request indicating your desire to appeal the decision of the Board of Review in your case.

In order to file an appeal, you are required to fill out the enclosed Notice of Appeal form. The information should be either typed or printed in ink. The original of the completed form should be returned to this office within 45 days from the mailing date of the Board of Review decision. In addition, you must mail or deliver a copy of the completed form to your former employer and to the Attorney General of New Jersey. **Please attach a copy of the Board of Review decision to the Notice of Appeal.**

Please enter the following information on the enclosed Notice of Appeal form:

1. Starting at the top left corner, enter your name on line (1).
2. Enter the name of your former employer involved in this matter on line (2).
3. Enter your former employer's name as on line (2) and also the employer's business address on line (3).
4. Enter your name on line (4).
5. Enter your address on line (5).
6. Enter the date of the written decision of the Board of Review on line (6). If there is no separate decision date, use the "MAILING DATE" at the upper right corner of the decision.
7. Enter the Board of Review docket number on line (7). You will find it at the top right corner of the decision after "BR."
8. Sign your name and enter the date on line (8).
9. Enter your daytime telephone number on line (9).
10. Sign your name and enter the date on line (10). This is your certification, or proof, that you are mailing or delivering the original of the completed form to this office and mailing or delivering a copy to your former employer and to the Attorney General of New Jersey, Hughes Justice Complex, PO Box 112, Trenton, New Jersey 08625-0112. It is also your request for preparation of the transcript of the hearing in your case.

You may want to consider obtaining the assistance of an attorney. If you cannot afford one, you may be able to obtain legal assistance from the Legal Aid office in your county.

If you do not have an attorney, you should follow the instructions contained in this letter and in the enclosed material. This means that within 45 days after you receive both the statement of the items comprising the record and the transcript of the hearing in your case (which will be mailed to you later), you must mail or deliver 5 copies of your brief and appendix to this office, 2 copies to your former employer along with a copy of the transcript, and 2 copies to the Attorney General of New Jersey. You must also send 3 copies of the transcript to this office when you send your brief.

When forwarding your brief, appendix and transcript to this office, you must submit a proof of service certifying that you are mailing or delivering 2 copies of your brief and appendix and 1 copy of the transcript to your former employer and 2 copies of your brief and appendix to the Attorney General of New Jersey.

Failure to follow these directions and the Court Rules will delay the processing of your appeal and may result in its dismissal.

JOSEPH H. ORLANDO  
CLERK

Enclosures  
ADMIN-17a

SUPERIOR COURT OF NEW JERSEY  
APPELLATE DIVISION

(1) \_\_\_\_\_  
Appellant,

v.

BOARD OF REVIEW, DEPARTMENT OF  
LABOR and (2) \_\_\_\_\_

\_\_\_\_\_  
Respondents.

Civil Action  
NOTICE OF APPEAL

TO: Clerk of the Appellate Division, Hughes Justice Complex,  
PO Box 006, Trenton, NJ 08625-0006

and

(3) \_\_\_\_\_  
(Former Employer's Name and Address)

and

Attorney General of New Jersey, Hughes Justice Complex,  
PO Box 112, Trenton, NJ 08625-0112

NOTICE IS HEREBY GIVEN THAT (4) \_\_\_\_\_  
residing at (5) \_\_\_\_\_,

appeals to the Superior Court of New Jersey, Appellate Division from the decision of the Board  
of Review dated (6) \_\_\_\_\_. The Board of Review docket number  
is (7) BR \_\_\_\_\_. A copy of the decision is attached.

(8) \_\_\_\_\_  
(Signature) (Date)

(9) \_\_\_\_\_  
(Telephone Number)

Note: Whether or not an opinion is approved for publication in the official Court Reporter books,  
the Judiciary posts all Appellate Division opinions on the Internet.

**CERTIFICATION**

I hereby certify that I am mailing or delivering the original of this notice of appeal to the Clerk of  
the Appellate Division and mailing or delivering a copy to my former employer and to the  
Attorney General of New Jersey. I request preparation of the transcript of the hearing in my case.

(10) \_\_\_\_\_  
(Signature) (Date)