

APPLICATION FOR REVIEW

		(Employer)
(Employee)		(Address)
	v.	
(Address)		(Insurer)
		(Address)

(Name of Party) ☐ Plaintiff ☐ Defendant, hereby submits this application for review stating grounds for review in the above referenced case to the Full Commission of the North Carolina Industrial Commission. Error is alleged as follows:

1. _____
2. _____
3. _____
4. _____
5. _____

(If additional space is needed, attach another page.)

All grounds for review not specifically set forth herein are hereby waived and abandoned except as otherwise provided by law and the rules of the Industrial Commission.

Signature: _____ Date: _____

Check: Attorney, Plaintiff, Defendant

CERTIFICATE OF SERVICE

I hereby certify that on _____, I served a copy of this Form 44 Application for Review, together with all supporting documents, on the following party(ies) by way of

(U.S. Mail, special delivery mail, e-mail, fax, hand delivery, etc.)

[Note: List name and address of each attorney or party served. Attach a separate sheet if necessary.]

Signature	Printed Name	Date

Employee: Please provide your **e-mail address** if you would prefer to receive Industrial Commission correspondence via e-mail.

INSTRUCTIONS

The signed Form 44 must be filed with the Industrial Commission and one copy must be sent to the opposing party(ies) or their counsel. If a brief is filed, a copy must be filed with the Industrial Commission and a copy must be sent to the opposing party(ies). Time for filing of a brief and Form 44 is set out in Industrial Commission Rule 11 NCAC 23A .0107.

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