

List of Additional Documents to be added to the Appeals Package

Appeal Information				
Appellant's Name	Tribunal #	WSCC Claim #		

This form is to be used if you have any additional documents that were not in the Appeals Package and that you want the Appeals Tribunal to consider. Please complete the following steps:

- **Step 1:** Organize the additional documents in date order (earliest date first, the latest date last).
- **Step 2:** In the upper right corner of the first page of each additional document write the document number, beginning with 1 for the first document, 2 for the second document, and continue on this way to the last document.
- **Step 3:** Enter the document number on the list below and provide all other information about the document.
 - Document number the number you give to each document

From:

- Date of document provide the date of the document (e.g. date of medical report/letter etc.)
- Type of document describe the kind of document (e.g. medical report, test results, letter)
- From give the name and title of the person who issued the document (e.g. doctor's name, case manager's name)

	No.	Date of Document	Type of Document	
		YY MM DD		
From:				
	No.	Date of Document	Type of Document	
		YY MM DD		
	From:			
		D		
	No.	Date of Document	Type of Document	
		YY MM DD		
From:				
	No	Data of Document	Time of Decument	
	No.	Date of Document	Type of Document	
		YY MM DD		
From:				
	No.	Date of Document	Type of Document	
		VV MM DD		

No.	Date of Document	Type of Document			
	YY MM DD				
From:					
No.	Date of Document	Type of Document			
1101		Type of Boodinesis			
From:	YY MM DD				
No.	Date of Document	Type of Document			
	YY MM DD				
From:					
No.	Date of Document	Type of Document			
	YY MM DD				
From:					
No.	Date of Document	Type of Document			
	YY MM DD				
From:	11 IVIIVI DD				
NI-	Data of Danisa	Town of Document			
No.	Date of Document	Type of Document			
From:	YY MM DD				
110111.					
No.	Date of Document	Type of Document			
	YY MM DD				
From:					
No.	Date of Document	Type of Document			
	YY MM DD				
From:					
No.	Date of Document	Type of Document			
. 101					
From:					
No.	Date of Document	Type of Document			
INU.		Type of Document			
From:	From:				

If you have more than 15 documents please copy this form and continue the numbering. When you send this form to the Appeals Tribunal, remember to include the documents listed above.