STATE OF ARKANSAS COURT OF APPEALS	PETITION FOR REVIEW TO THE ARKANSAS COURT OF APPEALS

1. Name of Petitioner:		2. Social Security Number:	3. DL/ ID Number:
4. Address:	City:	State:	Zip Code:
5. Telephone Number: ( )	6. Board of Review Appeal Number:	7. Board of Review Mailing Date:	
8. Employer: Are you a Corporation? Yes: ☐ NO: ☐	9. Are you Attorney Represented? Yes: ☐ NO: ☐ Attorney Bar #:_____ Attorney Name:_____		

10. I appeal the decision of the Arkansas Board of Review for the following reason(s):(**Attach copy of Board's Decision**)
If you need additional space, please write see attached and attach a sheet of paper to this petition.

11. Sign, date, and mail or hand deliver this petition and a copy of the Board of Review decision to the following:

1. Arkansas Court of Appeals, 625 Marshall Street, Little Rock, Arkansas 72201
2. Your Employer and/or your employee

*Your Signature on this petition indicates you mailed copies to the parties listed above.

*This petition must be postmarked within thirty days of the Board of Review decision/mail date. The mailing date is located on the last page of the decision.

*If you are an **employer** filing to the Court of Appeals, a $165.00 filing fee is required. Checks are made payable to Stacey Pectol, Clerk of the Court.

(12) Signature:	(13) Date:

Revised: 6/17/16