<u>Your Name</u> Appellant

v.

Case #:	Clerk will issue
	Court Use Only

Name of other party involved, **Respondent**

NOTICE OF APPEAL

Notice is given that, <u>Your name</u>, the above-named Appellant, hereby appeals, in whole or in part, the final decision of <u>Name of hearing body that issued the decision</u> (original hearing body), issued on <u>xx/xx/xxxx</u> (date of decision), in their Case/Docket # <u>found on front of decision</u>. This appeal is filed within 30 days from the date of the decision.

Appellant claims one or more of the following (check all that applies):

- □ The decision violates applicable provisions of the Oneida Constitution.
- □ The decision violates provisions, substantive or procedural, of applicable Oneida law or applicable federal law.
- □ It is an administrative decision that is arbitrary and capricious, an abuse of discretion, or otherwise not in accordance with applicable law; and/or
- □ The decision is not supported by substantial evidence on the record taken as a whole, or there is new evidence that was unavailable at the time of the hearing, which, if available may have altered the final decision.

The Appellant states the decision was made in error for the following specific reason(s): <u>Why or how is the decision wrong?</u>

Appellant requests the following Relief: <u>What are you looking for? What do you want?</u>

A copy of this appeal has been served on the respondent(s); proof of service is attached.

Appellant Signature (or Attorney/Advocate)

Date: _____