

7. Is Oral Argument requested? Yes No

If yes, your request will be granted or denied in the Board's discretion pursuant to the Board's *Rules of Procedure* (Code of Federal Regulations 20 C.F.R. § 501.5 (rev. 2008)). You must state the specific issue(s) to be argued and state in detail the specific reasons that an oral argument is necessary as part of your appeal. The issues and supporting statement need not be long, but they should be as clear and specific as possible. Should your request for oral argument be denied, the appeal will be decided on the record. (Use additional sheets if necessary.)

PLEASE NOTE: Oral arguments are held only in Washington, DC. The Board does not pay for any travel or incidental expenses related to attending oral argument. No new or additional evidence can be submitted.

8. Appellant's Signature: _____ (Date) _____

9. YOU DO NOT HAVE TO HAVE A REPRESENTATIVE IN ORDER TO PURSUE YOUR APPEAL. **IF A REPRESENTATIVE IS DESIGNATED, THEN HE OR SHE MUST SIGN THIS FORM CONSENTING TO REPRESENT YOU.** My authorized representative for the purpose of this appeal is:

Representative's Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____

10. Representative's Signature: _____ (Date) _____

If you have any questions concerning this form, call the Employees' Compensation Appeals Board at 1-(866) 487-2365 or send a facsimile (fax) to the Board at (202) 693-6367. To mail the form, address it to the Employees' Compensation Appeals Board, Office of the Clerk, U.S. Department of Labor, 200 Constitution Avenue, N.W. Room S5220, Washington, D.C. 20210.

Attachments