

IN THE CIRCUIT COURT OF COUNTY, MISSISSIPPI

APPELLANT

V.

CIVIL ACTION NO.

APPELLEE

PETITION TO APPEAL BOARD OF REVIEW DECISION

COMES NOW the Appellant, (hereinafter " "), petitioning this Court to review and reverse the , 20 , Decision by the Board of Review of the granting unemployment compensation. In support of this Petition, would show:

1. The is an agency of the State of Mississippi created by statute. Process may be served via United States Mail on the Commission by serving the Executive Director, , , Mississippi . Service upon the is deemed completed service on all parties provided that serves upon the a copy of the petition for each defendant. Accordingly, plaintiff has served this petition on the with one (1) additional copy for defendant . It is the 's responsibility to mail one (1) such copy to defendant pursuant to Miss. Code Ann. Section 71-5-531 (Law. Co-op. 1989). resides at , , Mississippi, .

2. is a Corporation which operates a manufacturing plant on in , Mississippi.

3. This Court is a proper venue for this action because operates a manufacturing plant in County, and may commence this action in County Circuit Court, pursuant to Miss. Code Ann. Section 71-5-531 (Law. Co-op. 1989).

4. This Court has subject matter jurisdiction and possesses the authority to review the decision of the Board of Review pursuant to Miss. Code Ann. Section 71-5-531 (Law. Co-op. 1989).

5. has filed all objections to the claim of timely, and has filed all appeals timely. has exhausted its administrative remedies before the and is entitled to appeal the decision of the Board of Review of the to this Court pursuant to Miss. Code Ann. Section 71-5-531 (Law. Co-op. 1989).

6. filed his/her initial claim for benefits effective , 20 .

7. On , , the Claims Examiner disqualified for benefits under Miss. Code Ann. Section 71-5-513 A(1) (b) (Law. Co-op. 1989), on the basis that discharged for misconduct connected with his/her work.

8. appealed that determination on or about , 20 .

9. On _____, 20____, _____ Appeals Referee _____, held a hearing at which and _____ appeared. One independent witness also appeared and testified.

10. On _____, 20____, the Appeals Referee reversed the decision of the Claims Examiner. A copy of the Opinion is attached hereto as Exhibit "_____."

11. On or about _____, _____, _____ appealed the decision of the Appeals Referee to the Board of Review and attached an affidavit of _____ for the Board's consideration. A copy of the affidavit is attached as Exhibit "_____".

12. On _____, _____, _____ submitted the deposition of _____ for the Board's consideration. _____'s deposition testimony implicated _____ in clear misconduct. A copy of the deposition is attached hereto as Exhibit "_____".

13. On _____, 20____, _____'s counsel sent a letter to the _____ requesting that the Board consider _____ (_____) depositions of _____ in addition to his/her affidavit. Counsel also requested that the Board exclude the deposition testimony of _____ as "irrelevant." A copy of the letter is attached hereto as exhibit "_____".

14. On _____, 20____, the Board of Review rendered a decision adopting the Findings of Fact and Opinion of the Referee and affirmed his/her decision to reverse the Claims Examiner. A copy of the Board's decision is attached hereto as Exhibit "_____." The decision does not describe the evidence relied upon.

15. The _____ Appeals Referee and Board of Review erred in allowing the claim of _____, Social Security No. _____. The decision is contrary to the facts and law. Specifically, the Board of Review's decision that _____ did not discharge _____ for picket line misconduct is not supported by substantial evidence. Further, it appears that the Board of Review erroneously failed to consider the affidavit of _____ and the deposition testimony of _____.

WHEREFORE, PREMISES CONSIDERED, _____ respectfully requests this Court to review the transcript of the proceedings before the _____ and to reverse the decision of the Commission and deny _____ unemployment compensation.

RESPECTFULLY SUBMITTED, this the _____ day of _____, 20____.

Attorney for

Of Counsel:

Telephone:
MSB #
Attorney for

CERTIFICATE OF SERVICE

I, _____, do hereby certify that I have this day caused the foregoing Complaint and one (1) copy to be mailed, via U.S. First Class Mail) to _____, _____, Mississippi _____.

THIS the _____ day of _____, 20____.
