EMPLOYEES' COMPENSATION APPEALS BOARD
APPLICATION FOR REVIEW (AB-1) FORM
PLEASE TYPE OR PRINT APPLICATION

NOTICE: 1) Your appeal will be subject to dismissal if complete information is not provided on this form.
2) No new evidence can be submitted with an appeal.

1. **Name of Appellant:** _____
(First) (Middle) (Last)
1a. Name of deceased employee, if applicable: _____*

2. **OWCP Case File (Claim) Number**: _____

3. **Date of each OWCP Decision(s)** Being Appealed: _____

An Application for Review must be filed within the applicable time parameters as determined by the date of the OWCP Decision(s) being appealed. If your appeal is not timely filed, you must attach a statement describing compelling circumstances which prevented timely filing.

4. **Appellant's Street Address**: _____

City, State and Zip Code: _____

5. **Appellant's Telephone Number(s)**: _____

6. **Is Oral Argument requested**? __ Yes __ No If yes, you must explain the need for Oral Argument:

_____

_____

_____

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 evidence can be submitted.

7. **Briefly state the specific reasons for your disagreement with the Decision of the OWCP:** (Use additional sheets if needed.)

_____

_____

_____

8. 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: _____

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

10. **Appellant's Signature**: _____(Date)_____.

* If you are pursuing an appeal from a claim filed by a claimant who is now deceased, you must provide an estate authorization issued by a probate court of local jurisdiction.

If you have any questions concerning this form, call the Employees' Compensation Appeals Board at (866) 487-2365 or send a facsimile (fax) to the Board at (202) 693-6367.