

DATE

CLAIMANT OR EMPLOYER  
ADDRESS  
CITY, STATE, ZIP CODE

RE: *CASE NAME and*  
*NC Department of Commerce, Division of Employment Security*  
Higher Authority Decision No. (CASE NUMBER)  
Superior Court File No. (COURT FILE NUMBER)

Dear CLAIMANT OR EMPLOYER:

This is to acknowledge receipt of a copy of a Petition for Judicial Review of Higher Authority Decision No. (CASE FILE NUMBER) filed in (NAME OF COUNTY) County Superior Court on (DATE). It was received in this office (DATE) by (REGULAR MAIL, OR CERTIFIED MAIL, RETURN RECEIPT REQUESTED).

If the petition complies with all requirements as set forth in N.C. Gen. Stat. § 96-15(h), a copy of the record on appeal will be filed with the (NAME OF COUNTY) County Clerk of Superior Court within forty-five (45) days of the receipt of the Petition for Review as required by N.C. Gen. Stat. § 96-15(h). A copy of the record will be served on all parties at the same time it is transmitted to the Clerk.

A copy of this acknowledgment is being mailed to (NAME OF CLAIMANT OR EMPLOYER), the (claimant or employer) herein. The (claimant or employer) is hereby notified that (he/she/it) is not a party to the Judicial Review proceedings unless (he/she/it) it notifies the Court in writing of (he/she/its) desire to be a party within ten (10) days after receipt of the petition for judicial review, or unless the employer files a motion to intervene pursuant to N.C. Gen. Stat. § 1A-1, Rule 24.

Sincerely,

NAME OF ATTORNEY  
Attorney

(RSA/hrb)  
cc: (NAME OF CLAIMANT OR EMPLOYER)

NCJLA700