

AGENCY'S LIST OF PARTIES & ATTORNEYS ON APPEAL

Case Title _____ vs. _____
Appeal Case No. _____ CI Admin. Agency No. _____
Agency Name _____ Hearing Officer _____

Name and Address of Party	Name and Address of Attorney of Record
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_____ Date	_____ Signature of Agency Representative
	_____ Type or Print Name

Instructions: Send this list to the superior court where the appeal is filed.