

Copies To:

Claimant:

Davey Jones

Carrier:

XYZ Insurance Company

Employer:

XYZ Finance

Attorney/Representative:

XYZ Insurance Company

1 Main St

Albany, NY 12345

Davey Jones

130 Hudson Ave

ALBANY, NY 12170

XYZ Finance

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Robert R. Snashall  
Chairman

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD  
100 BROADWAY - MENANDS  
ALBANY, NY 12241

(518) 486-3352

**State of New York - Workers' Compensation Board**

**In regard to Davey Jones, WCB Case #9999 9999**

**NOTICE OF DECISION**

*keep for your records*

At the Workers' Compensation hearing held on 11/07/2000 involving the claim of Davey Jones at the Menands hearing location, Judge Lansing made the following decision, findings and directions:

DECISION: Case is continued.

Claimant -	Davey Jones	Employer -	XYZ Finance
Social Security No. -	123-45-6789	Carrier -	XYZ Insurance Company
WCB Case No. -	9999 9999	Carrier ID No. -	W999999
Date of Accident -	02/10/2000	Carrier Case No. -	999999
District Office -	Albany	Date of Filing of this Decision-	11/10/2000

ATENCION:

Puede llamar a la oficina de la Junta de Compensacion Obrera, en su area correspondiente, cuyo numero de telefono aparece al principio de la pagina y pida informacion acerca de su reclamacion(caso).