

PETITION FOR REVIEW INSTRUCTIONS



These instructions and Petition for Review form should be used to appeal to the Commonwealth Court from a final order of the Unemployment Compensation Board of Review (UCBR). To complete the form, you will need a copy of the UCBR Order that you are appealing. The instructions below will help you complete the Petition for Review form.

1. Fill in the blank space on Page 1, Paragraph 2 with the date of the UCBR Order you wish to appeal. This is the “Date Mailed” located in the top left corner of the first page of the UCBR Order.
2. Fill in the blank space on Page 1, Paragraph 3 with the “Board of Review Docket” number located in the top right corner of the first page of the UCBR Order.
3. Fill in the blank lines on Page 1, Paragraph 4 with the reasons you believe the UCBR Order is incorrect.
4. You must sign and date Pages 2, 4, and 5.
5. **You must attach a copy of the UCBR Order that you are appealing to this Petition for Review.**
6. You must file (send) the completed Petition for Review (Pages 1-5 and UCBR Order) with the Prothonotary of the Commonwealth Court by mailing the Petition for Review to the address below.

**Commonwealth Court of Pennsylvania Prothonotary
Pennsylvania Judicial Center
601 Commonwealth Avenue, Suite 2100
P.O. Box 69185
Harrisburg, PA 17106-9185
Telephone Number: (717) 255-1650**

7. You must send a copy of the completed Petition for Review (Pages 1-5 and UCBR Order) to:
 - a. Unemployment Compensation Board of Review (see Page 5 for the address);
 - b. Attorney General (see Page 5 for the address);
 - c. Employer, if any, listed on the first page of the UCBR Order.(If an employer is listed on the first page of the Order, you must send a copy of the completed Petition for Review to that employer at the address listed below the employer’s name.)

▲ Not following these instructions may delay or prevent the Court from processing your appeal.

COMMONWEALTH COURT OF PENNSYLVANIA

(Your Name)	:	
	:	
Petitioner	:	
	:	
v.	:	
	:	
Unemployment Compensation Board	:	
of Review,	:	
Respondent	:	

PETITION FOR REVIEW

Section 763(a)(1) of the Judicial Code, 42 Pa.C.S. §763(a)(1), gives the Court authority to hear this appeal.

1. The state agency that issued the order I am appealing is the Unemployment Compensation Board of Review.

2. The mailing date of the Order I am appealing is:
_____, 20 ____ (fill in the "Date Mailed" located in the top left corner of the first page of the UCBR Order).

3. The docket number on the Order is: _____
(fill in the "Board of Review Docket" number located in the top right corner of the first page of the UCBR Order).

4. The Order of the Unemployment Compensation Board of Review should be reviewed because:

(Use these lines and another piece of paper, if needed, to explain why you believe the Order is wrong.)

5. I have attached a copy of the Order of the Unemployment Compensation Board of Review that I am appealing.

6. WHEREFORE, I request that this Court review the Order of the Unemployment Compensation Board of Review and grant relief as may be just and proper.

(Your signature)

(Your printed name)

(Your street address)

(Your City, State, and zip code)

(Your telephone number)

(Your email address)

(Today's date)

NOTICE TO PARTICIPATE

To: Employer

You have not been named as a Respondent; however, you were a party before the Unemployment Compensation Board of Review whose order sought to be reviewed.

If you intend to participate in the proceeding in the Commonwealth Court, you must file and serve a Notice of Intervention under Rule 1531 of the Pennsylvania Rules of Appellate Procedure (Pa.R.A.P.) within 30 days after notice of the filing of the Petition for Review. In order to intervene beyond 30 days after notice of the filing of the Petition for Review, you must file and serve an Application for Intervention under Pa.R.A.P. 123.

This Notice is for the employer and informs the employer that they have the right to participate in this appeal.

CERTIFICATE OF COMPLIANCE

I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* (Public Access Policy) that require filing confidential information and documents differently than non-confidential information and documents.

Signature: _____

Name: _____

Any time you file papers with the Court, the papers must include a Certificate of Compliance with the Public Access Policy. See Pa.R.A.P. 127. Information about the Public Access Policy and this form can be found online at <https://www.pacourts.us/public-records/public-records-policies>. It is very important that you review and follow the Public Access Policy because it requires you to protect sensitive personal information in your Court filings.

PROOF OF SERVICE

1. I certify that I sent by **certified mail** a true and correct copy of the Petition for Review to the UCBR and Attorney General of Pennsylvania at the following addresses:

**Unemployment Compensation
Board of Review
Department of Labor & Industry
651 Boas Street, 10th Floor
Harrisburg, PA 17121**

**Attorney General of Pennsylvania
16th Floor, Strawberry Square
Harrisburg, PA 17120**

2. I certify that I sent a true and correct copy of the Petition for Review to the employer named below using **one of the following methods**:

**Check the
method of
service used
to serve the
employer, if
any, listed
on the first
page of the
UCBR Order**

- ☐ First Class Mail ☐ Certified Mail ☐ Priority Mail
☐ Express Mail ☐ Personal delivery
☐ By other means permitted under Pa.R.A.P 121

Employer: _____

Address: _____

(Insert the name and address of the employer listed on the first page of the UCBR Order, even if you worked at a different location from that listed on the Order. If there is no employer listed, you do not need to send a copy of this Petition for Review to an employer.)

(Your signature)

(Your printed name)

(Your telephone number)

(Your email address)

(Today's date)