STATE OF SOUTH CAROLINA ADMINISTRATIVE LAW COURT

,)	DOCKET NOALJAP				
(Your Name))	(To be completed by the Court)				
Appellant,					
v.)	NOTICE OF APPEAL				
(Agency Name),)					
Respondent(s).					
Notice is hereby given that	(your name), does hereby appeal the				
final decision of the	(agency name), dated and				
received	, a copy of which is attached.				
Also attached is the request for transcript to the	e agency dated				
Filing Fee (<i>See</i> SCALC Rule 71) is being subn □ Check □ Money Order □ Cash □ Waiver					
Your Signature or Signature of Attorney	Date				
Mailing Address	City, State, Zip code				
*Email Address	Phone Number				

*By providing your e-mail address, you consent to receive court orders and notices via electronic transmission

REPRESENTATION							
Are you representing yourself? 🗆 Yes 🛛 🗆 No							
Are you represented by an Attorney?	es 🛛 No	Name of Attorne	Name of Attorney:				
Attorney Mailing Address:		City, State and Z	City, State and Zip:				
Attorney Work Number and Cell Number:		Attorney E-Mail	Attorney E-Mail Address:				
PROOF OF SERVICE (MUST BE COMPLETED)							
Your Name:		Date:		City:	State:		
I hereby certify that on the date and place listed above, I served a copy of the foregoing Notice of Appeal on all other parties to this matter by depositing the same in the United States Mail, postage paid, and addressed as follows (use the reverse side for any additional names):							
Name and/or Agency Name	Address		City, State and Zip				
Name and/or Agency Name	Address		City, State and Zip				
X Your Signature or Signature of Atto			Date				

<u>Attention</u>: All cases filed in the Administrative Law Court are subject to the Rules of Procedure found at the Court's website <u>www.scalc.net</u> or from the Clerk of Court. Failure to follow these rules may result in dismissal of your case.