



CNMI DEPARTMENT OF LABOR



A D M I N I S T R A T I V E
H E A R I N G O F F I C E



1331 Ascencion Dr., PO Box 10007, Saipan MP, 96950 ☎ (670) 664-3291 ✉ hearing@dol.gov.mp 🌐 labor.cnmi.gov

SECRETARY APPEAL FORM

Instructions: An aggrieved party may appeal the Administrative Hearing Office's order by filing this form and submitting the filing fee within 15 calendar days from the date of the order. Please attached a certified copy of the pleadings, determination(s) and all relevant orders. The Secretary of Labor will review the appeal and certified record to affirm, reverse, remand, or modify the Order. It is the Appellant's burden to prove the error warranting the requested relief. Incomplete or unsupported arguments will be deemed waived. If you need additional space for any section, please attach a separate sheet.

Underlying Case Name: _____; Case #: _____

Secretary Appeal Name: _____; Case #: _____

1. This Appeal is made by: Complainant Respondent
2. The relevant background and procedural history (i.e., timeline of important events) of the underlying case is as follows:

3. I am appealing the following Decision or Order in the above-stated case:

Name of Decision(s): _____

Date it was signed/issued: _____

Date it was served to me (i.e., date I received it): _____

Summary of relevant decision at issue:

4. This Appeal is:

Timely (i.e., filed within 15 days of the date it was issued).

Untimely, because: _____

5. Was there a factual error that was material to the decision? Yes No

If yes, please specify the erroneous factual finding in the decision and the conflicting evidence (or absence of evidence) presented to support a different finding.

6. Was there an evidentiary error that was material to the decision? Yes No

If yes, please specify the evidentiary ruling at issue and how it was incorrect based on the Commonwealth Rules of Evidence.

7. Was there an incorrect application of law or other material legal error? Yes No

Please specify what you believe was an error, explain how the applicable law and relevant facts support your position, and how the alleged error affected the decision.

8. Please specify the requested relief and legal support justifying relief.

CERTIFICATION & SIGNATURE

I certify that the information provided with this Secretary Appeal is true and complete to the best of my knowledge. I further certify that there is no frivolous or improper reason for filing, including but not limited to, delay or harassment.

Appellant Signature

Date

This space is for internal use only

Documents attached w/ Secretary Appeal:

- Legal Brief
- Additional Statement
- Certified Records
(Complaint, Answer, Determination, Orders/Decisions)
- Exhibits or other supporting documents
- Other: