

**AGENCY'S LIST OF PARTIES & ATTORNEYS ON APPEAL**

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

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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.