

Form C

**APPEAL
BEFORE THE NMI SETTLEMENT FUND
ARBITRATOR**

IN RE _____,
Applicant,

_____,
Appellant/Cross-Appellee,

_____,
Appellee/Cross-Appellant.

NMI SF Case No. ARB _____
NMI SF Case No. HO _____

**NOTICE OF CROSS-APPEAL
TO ARBITRATOR**

Pursuant to the NMI Settlement Fund Appeal Rules and Procedures (“Rules”), notice is hereby given that _____ [insert name of cross-appealing party] (the “Cross-Appellant”), hereby submits this Notice of Cross-Appeal to the Arbitrator from the decision of the Hearing Officer dated _____.

As required under Rules 7.5 and 7.3 of the Rules, the Cross-Appellant hereby states the following:

A. Name and contact information of the Cross-Appellant, and his or her representative (e.g., attorney), if any (including telephone number, fax number, and email address, if known):

Cross-Appellant’s Information:

Cross-Appellant’s Representative (Attorney) Name and Contact Information:

B. Name(s) and contact information of all other parties to Hearing Officer proceeding (the “Cross-Appellee(s)”), and their respective representatives, if any, (including telephone number, fax number, and email address, if known):

Cross-Appellee(s)’ Information:

Cross-Appellee(s)' Representative(s) (Attorney) Name and Contact Information:

C. A copy of the decision dated _____ of the Hearing Officer, which is cross-appealed herein, is attached to this Notice of Cross-Appeal.

D. Statement setting forth the portion or portions of the Hearing Officer's decision being cross-appealed and the errors alleged:

Dated, this ____ day of _____, _____

[Print Name of Cross-Appellant]