

# ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Appellant, <i>(party filing appeal)</i>	
vs.	
Appellee(s). <i>(all other parties to appeal)</i>	AWCAC Appeal No. _____ AWCB Decision No. _____ AWCB Case No. _____

## SELF-REPRESENTED APPELLANT'S NOTICE OF APPEAL

**Please take notice** that I, \_\_\_\_\_, appeal Decision No. \_\_\_\_\_, issued on \_\_\_\_\_, by the Alaska Workers' Compensation Board in AWCB Case No. \_\_\_\_\_. A copy of the Board decision that I am appealing is attached to this notice.

### STATEMENT OF GROUNDS FOR APPEAL

The grounds (reasons) for this appeal are: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_.

(Attach more pages if needed.)

### The person filing this document MUST sign below.

<input type="checkbox"/> This form is being filed not later than 30 days after the date of the Alaska Workers' Compensation Board's decision.	_____ Signature <span style="float: right;">Date</span>
<input type="checkbox"/> This form is being filed _____ days after the date of the Alaska Workers' Compensation Board's decision. <u>A Motion for Extension of Time to File Notice of Appeal is attached.</u>	_____ Mailing Address _____ City, State, Zip _____ Telephone Number <span style="float: right;">Fax Number and/or E-mail</span>

### CERTIFICATE OF SERVICE

I certify that on _____ (date) this Notice of Appeal and Statement of Grounds were <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the Alaska Workers' Compensation Appeals Commission, <b>and</b> on the same date a complete copy of this document was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)		
<input checked="" type="checkbox"/> <b>Required:</b> Director, Alaska Workers' Compensation Division P.O. Box 115512 Juneau, AK 99811	<input type="checkbox"/> <b>If opposing party is a State agency:</b> Attorney General's Office P.O. Box 110300 Juneau, AK 99811-0300	<input type="checkbox"/> Opposing party <b>or</b> party's attorney (if represented): _____ _____
_____ Print name of person who served document <span style="float: right;">Signature of person who served document</span>		