

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 APPELLEE'S NOTICE OF CROSS-APPEAL

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

STATEMENT OF GROUNDS FOR CROSS-APPEAL

The grounds (reasons) for this cross-appeal are: _____

 _____ (Attach more pages if needed.)

The person filing this document MUST sign below.

This form is being filed not later than 30 days after the date of the Alaska Workers' Compensation Board's decision, **or** not later than 15 days after the date in the Certificate of Service, unless served by mail, of the Notice of Appeal, whichever is later.

Signature	Date
Mailing Address	
City, State, Zip	
Telephone Number	Fax Number and/or E-mail

CERTIFICATE OF SERVICE

I certify that on _____ (date) this Notice of Cross-Appeal, Statement of Grounds for Cross-Appeal, and all attachments were mailed, faxed, emailed, or hand delivered to the Alaska Workers' Compensation Appeals Commission, **and** on the same date a complete copy of this document was mailed, faxed, emailed, or hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)

<input checked="" type="checkbox"/> Required: Director, Alaska Workers' Compensation Division P.O. Box 115512 Juneau, AK 99811	<input type="checkbox"/> If opposing party is a State agency: Attorney General's Office P.O. Box 110300 Juneau, AK 99811-0300	<input type="checkbox"/> Opposing party or party's attorney (if represented): _____ _____
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<i>Print name of person who served document</i>	<i>Signature of person who served document</i>
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