

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 LITIGANT'S MOTION/REQUEST

I, _____, am the Appellant Appellee. I request the Commission do the following: _____

for these reasons: _____

_____. (Attach more pages if needed.)

The person filing this document MUST sign below.

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

CERTIFICATE OF SERVICE

I certify that on _____ (date) this Motion/Request was 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 type="checkbox"/> Opposing party or party's attorney (if represented):
<i>Print name of person who served document</i>		<i>Signature of person who served document</i>