

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 CERTIFICATE OF SERVICE

I, _____ am the Appellant Appellee. I certify that on _____, a copy of my:

- | | |
|--|--|
| <input type="checkbox"/> Notice of Appeal and Statement of Grounds* | <input type="checkbox"/> Financial Statement Affidavit |
| <input type="checkbox"/> Designation of Recordings for Transcription | <input type="checkbox"/> Motion/Request |
| <input type="checkbox"/> Opposition to Motion/Request | <input type="checkbox"/> Brief |
| <input type="checkbox"/> Excerpt of Record | <input type="checkbox"/> Request for Oral Argument |
| <input type="checkbox"/> Other: _____ was/were: | |

mailed hand delivered faxed emailed to:

<input type="checkbox"/> *Required: Director, Alaska Workers' Compensation Division P.O. Box 115512 Juneau, AK 99811	<input type="checkbox"/> <u>If opposing party is a State agency:</u> 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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Additional names and addresses:

The person filing this document MUST sign below.

Signature	Date
Mailing Address	
City, State, Zip	
Telephone Number	Fax Number and/or Email