

# ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Petitioner, <i>(party filing petition for review)</i>
VS.
Respondent(s). <i>(all other parties to petition)</i>

AWCAC Appeal No. \_\_\_\_\_  
 AWCB Decision No. \_\_\_\_\_  
 AWCB Case No. \_\_\_\_\_

### **SELF-REPRESENTED LITIGANT'S CONSENT TO SERVICE BY FAX AND/OR EMAIL**

I, \_\_\_\_\_, am the  Petitioner  Respondent. I hereby consent to service of all documents in this petition for review by  fax to \_\_\_\_\_ and/or  email to \_\_\_\_\_.

**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 Consent to Service by Fax and/or Email was <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 type="checkbox"/> Opposing party <b>or</b> party's attorney (if represented):
<i>Print name of person who served document</i>	<i>Signature of person who served document</i>