

# 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 MOTION FOR ROUTINE EXTENSION OF TIME**

I, \_\_\_\_\_, am the  Petitioner  Respondent. I request a routine extension of time for 30 days to file my \_\_\_\_\_ for these reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 for Routine Extension of Time 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>