ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Appellant, (party filing a	ppeal)		
VS.			
V 3.			
		AWCAC Appeal No.	·
Appellee(s). (all other page 1	arties to appeal)	AWCB Case No	
SELF-REPRESENTED	APPELLANT'S MO	TION FOR EXTENSIO	N OF TIME TO FILE
	NOTICE	OF APPEAL	
Ι,	, am the	e Appellant. I request the	e Commission grant me an
extension of time of	days to file my Notice	e of Appeal. I was late in	filing my Notice of Appeal
for the following reasons: _			
		(AH2	ch more pages if needed.)
The	naran filina thia da	•	, ,
<u> </u>	<u>person ming this ac</u>	<u>cument MUST sign bel</u>	<u>ow</u> .
☐ This form is being filed not lat the date of the Alaska Workers' (Circuit .	Dut
		Signature	Date
the date of the Alaska Workers' (decision. This form is being filed	Compensation Board's — days after the date of —	Signature	Date Address
the date of the Alaska Workers' (decision.	Compensation Board's — days after the date of ion Board's decision.	Signature Mailing	Address
the date of the Alaska Workers' (decision. This form is being filed the Alaska Workers' Compensat	Compensation Board's — days after the date of ion Board's decision.	Signature Mailing	
the date of the Alaska Workers' (decision. This form is being filedthe Alaska Workers' Compensat My Notice of Appeal and States	Compensation Board's — days after the date of ion Board's decision.	Signature Mailing	Address
the date of the Alaska Workers' (decision. This form is being filedthe Alaska Workers' Compensat My Notice of Appeal and States	Compensation Board's — days after the date of ion Board's decision.	Signature Mailing City, St	Address ate, Zip
the date of the Alaska Workers' (decision. This form is being filedthe Alaska Workers' Compensat My Notice of Appeal and States	Compensation Board's — days after the date of ion Board's decision. ment of Grounds for —	Signature Mailing City, St Telephone Number	Address ate, Zip
the date of the Alaska Workers' (decision. This form is being filed the Alaska Workers' Compensat My Notice of Appeal and States Appeal are attached. I certify that on	days after the date of cion Board's decision. ment of Grounds for decision. CERTIFICA (date) this Motio	City, St Telephone Number TE OF SERVICE n for Extension of Time to File	Address Tate, Zip Fax Number and/or E-mail Notice of Appeal was mailed,
the date of the Alaska Workers' (decision. This form is being filed the Alaska Workers' Compensat My Notice of Appeal and States Appeal are attached. I certify that on faxed, emailed, or har	days after the date of cion Board's decision. ment of Grounds for decision. CERTIFICA (date) this Motion delivered to the Alaska	City, St Telephone Number TE OF SERVICE n for Extension of Time to File Workers' Compensation Appeal	Address Fax Number and/or E-mail Notice of Appeal was mailed, s Commission, and on the same
the date of the Alaska Workers' (decision. This form is being filed the Alaska Workers' Compensat My Notice of Appeal and States Appeal are attached. I certify that on faxed, emailed, or har	days after the date of ion Board's decision. ment of Grounds for CERTIFICA (date) this Motion delivered to the Alaska cument was mailed, mailed, mailed, mailed, mailed.	Telephone Number TE OF SERVICE n for Extension of Time to File Workers' Compensation Appeal faxed, emailed, or hand	Address Tate, Zip Fax Number and/or E-mail Notice of Appeal was mailed,
the date of the Alaska Workers' of decision. This form is being filed the Alaska Workers' Compensate My Notice of Appeal and States Appeal are attached. I certify that on faxed, emailed, or hard date a complete copy of this doc at the addresses listed below. (A Required:	days after the date of ion Board's decision. ment of Grounds for CERTIFICA (date) this Motion delivered to the Alaska cument was mailed, mailed, attach more pages if neede If opposing party	City, St Telephone Number TE OF SERVICE In for Extension of Time to File Workers' Compensation Appeal faxed, emailed, or hand d.)	Address Fax Number and/or E-mail Notice of Appeal was mailed, s Commission, and on the same
the date of the Alaska Workers' (decision. This form is being filed the Alaska Workers' Compensat My Notice of Appeal and States Appeal are attached. I certify that on faxed, emailed, or har date a complete copy of this doc at the addresses listed below. (Alaska Workers' (Alaska Workers') (Alaska W	days after the date of cion Board's decision. ment of Grounds for date of cion Board's decision. CERTIFICA (date) this Motion delivered to the Alaska cument was mailed, datach more pages if neede	TE OF SERVICE n for Extension of Time to File Workers' Compensation Appeal faxed, emailed, or hand d.) is Opposing party or p	Address Tate, Zip Fax Number and/or E-mail Notice of Appeal was mailed, s Commission, and on the same delivered to the parties checked
the date of the Alaska Workers' of decision. This form is being filed the Alaska Workers' Compensate My Notice of Appeal and States Appeal are attached. I certify that on faxed, emailed, or hard date a complete copy of this docat the addresses listed below. (Alaska Workers' Compensation Division P.O. Box 115512	days after the date of cion Board's decision. ment of Grounds for CERTIFICA (date) this Motion delivered to the Alaska cument was mailed, Attach more pages if neede If opposing party a State agency: Attorney General's Off P.O. Box 110300	TE OF SERVICE n for Extension of Time to File Workers' Compensation Appeal faxed, emailed, or hand d.) is Opposing party or p	Address Tate, Zip Fax Number and/or E-mail Notice of Appeal was mailed, s Commission, and on the same delivered to the parties checked
the date of the Alaska Workers' of decision. This form is being filed the Alaska Workers' Compensate My Notice of Appeal and States Appeal are attached. I certify that on faxed, emailed, or hard date a complete copy of this doc at the addresses listed below. (Alaska Workers' Compensation Division	days after the date of ion Board's decision. ment of Grounds for CERTIFICA (date) this Motion delivered to the Alaska cument was mailed, Attach more pages if neede If opposing party a State agency: Attorney General's Off	TE OF SERVICE n for Extension of Time to File Workers' Compensation Appeal faxed, emailed, or hand d.) is Opposing party or p	Address Tate, Zip Fax Number and/or E-mail Notice of Appeal was mailed, s Commission, and on the same delivered to the parties checked
the date of the Alaska Workers' of decision. This form is being filed the Alaska Workers' Compensate My Notice of Appeal and States Appeal are attached. I certify that on faxed, emailed, or hard date a complete copy of this doc at the addresses listed below. (Alaska Workers' Compensation Division P.O. Box 115512	days after the date of ion Board's decision. ment of Grounds for CERTIFICA (date) this Motion delivered to the Alaska cument was mailed, Mattach more pages if needed a State agency: Attorney General's Off P.O. Box 110300 Juneau, AK 99811-030	Telephone Number TE OF SERVICE In for Extension of Time to File Workers' Compensation Appeal faxed, emailed, or hand d.) is Opposing party or p ce	Address Tate, Zip Fax Number and/or E-mail Notice of Appeal was mailed, s Commission, and on the same delivered to the parties checked