

# INSTRUCTIONS FOR SELF-REPRESENTED LITIGANTS

## *Petition for Review Packet*

How to file a petition for review<sup>1</sup> of an  
interlocutory or other non-final decision or order by  
the Alaska Workers' Compensation Board with the  
Alaska  
Workers' Compensation Appeals Commission

Alaska Workers' Compensation Appeals Commission  
3301 Eagle Street, Suite 305  
Anchorage, AK 99503  
Phone (907) 269-6738  
Fax (907) 269-6737

E-mail the Commission Clerk at: [awcac.clerk@alaska.gov](mailto:awcac.clerk@alaska.gov)

For Commission regulations and decisions,  
see the Commission's web page at:  
[www.labor.alaska.gov/wccomm/home.htm](http://www.labor.alaska.gov/wccomm/home.htm)

January 2016

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<sup>1</sup> Includes instructions for oppositions to petitions for review and cross-petitions for review.

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## SCHEDULE AND FILING TIMELINE

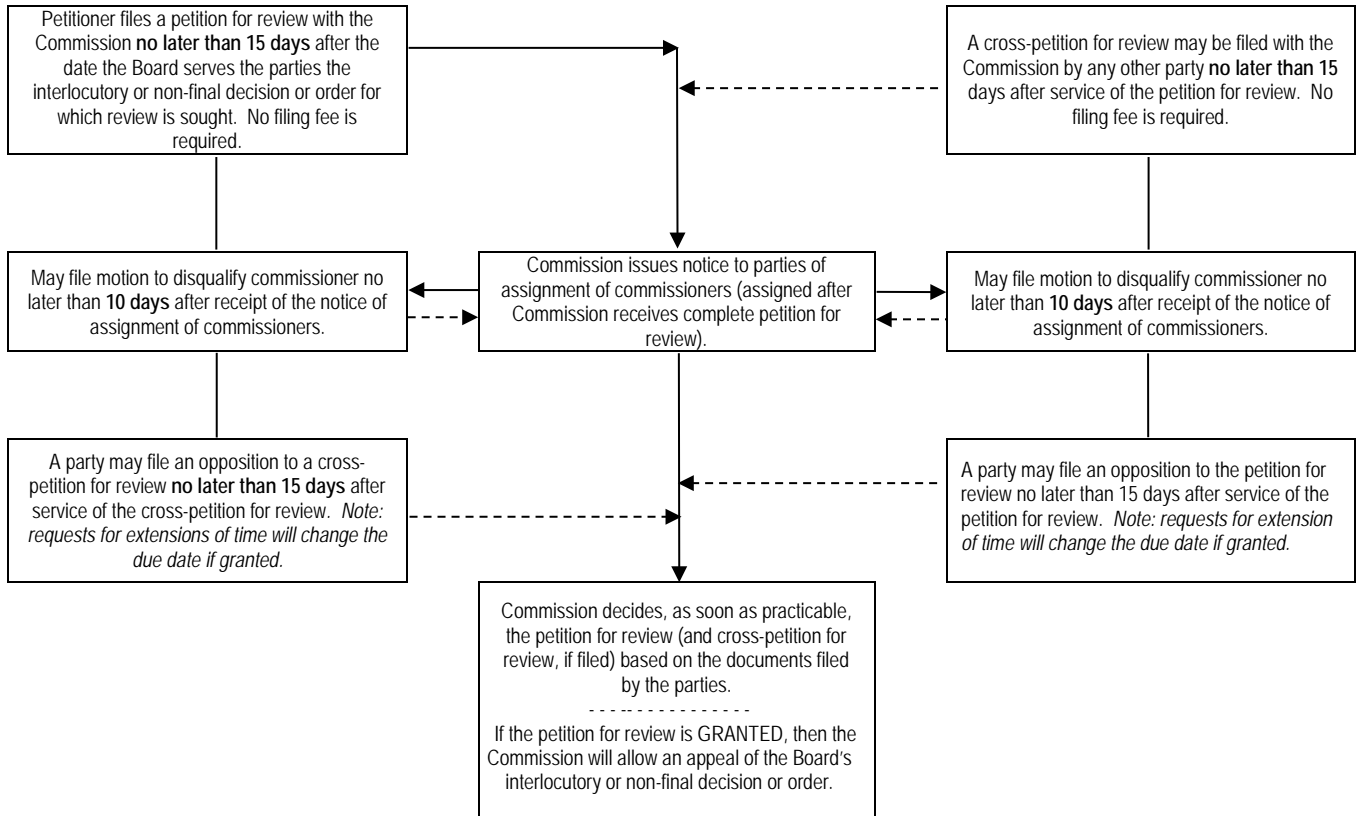
### PETITIONER

(The party filing a Petition for Review)

## Alaska Workers' Compensation Appeals Commission (AWCAC)

### RESPONDENT

(Any other party to the Alaska Workers' Compensation Board proceedings that did not file the Petition for Review)



1. Whenever a document is generated by the petitioner/attorney, respondent/attorney, the Alaska Workers' Compensation Board, or the Alaska Workers' Compensation Appeals Commission, a copy of each document must be sent to all parties. A Certificate of Service is certification that service was completed the same day and must be included with any document sent.
2. An arrow with a solid line indicates an action/response is required unless stated otherwise; an arrow with a hyphenated line indicates an action or response is optional.

# INSTRUCTIONS FOR SELF-REPRESENTED LITIGANTS

How to file a petition for review of an interlocutory or other non-final decision or order by the Alaska Workers' Compensation Board with the Alaska Workers' Compensation Appeals Commission

## INTRODUCTION

You have the right to appeal final decisions and orders of the Alaska Workers' Compensation Board (Board). But what happens when the Board issues an "Interlocutory Decision and Order" or other non-final decision or order? Do you have the right to appeal?

If the Board's decision is not final, then you probably do not have the right to appeal – **but you have the right to ask the Alaska Workers' Compensation Appeals Commission (Commission) to allow discretionary review**, that is, a review at the discretion of the Commission. This process is called "Petition for Review."

Petitions for review are an exception to the general rule that appeals are from final decisions and orders of the Board. There are criteria that the Commission uses when determining whether to grant a petition for review and allow an appeal of an interlocutory or other non-final decision or order of the Board. These criteria are found at 8 AAC 57.073(b).

The laws that govern the Commission and the procedures for appeals and petitions for review are found in the Alaska Workers' Compensation Act, Title 23, Chapter 30 of the Alaska Statutes (AS) (AS 23.30.001 – .395), and in the Alaska Administrative Code (AAC), Title 8, Chapter 57 (8 AAC 57.010 – .990). **The Commission's procedures for petitions and cross-petitions for review are found at 8 AAC 57.073, .075, and .077.**

Copies of 8 AAC 57.010 – .990, the Commission's regulations, are available at the Commission's office. You may read them online, or print them yourself, by going to <http://www.labor.alaska.gov/wccomm/home.htm> and selecting Appeal Procedures. More information may be found in the statutes and cases cited in the interlocutory or other non-final decision or order for which you are petitioning for review. Alaska Supreme Court cases are available free online at <http://government.westlaw.com/akcases>. Alaska Statutes are available free online at <http://www.legis.state.ak.us/basis/folio.asp>, or you may ask your local library to get them for you. **Note:** *This pamphlet is for informational purposes only. The laws in the statutes, regulations, and cases identified above control over anything said to the contrary here.*

Although the Commission tries to make the petition for review process as simple as possible, petitions for review may involve complicated legal procedures or raise complex legal issues. You should consider consulting a lawyer if you want to file a petition for review. However, you are not required to be represented by a lawyer in order to do so.

Before you file a petition for review, please read the information that follows about the Commission and the definitions of terms used in these instructions. If you have questions, contact the Commission clerk at:

Alaska Workers' Compensation Appeals Commission  
3301 Eagle Street, Suite 305  
Anchorage, AK 99503  
Phone (907) 269-6738 Fax (907) 269-6737  
E-mail the Commission Clerk at: [awcac.clerk@alaska.gov](mailto:awcac.clerk@alaska.gov)

## I. ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

**A. What is the Commission?** The Commission is an agency in the Alaska Department of Labor and Workforce Development. The Commission hears appeals of the Board's final decisions or orders on claims and petitions, and has discretion in deciding petitions for review of the Board's interlocutory or other non-final decisions or orders. The Commission has five members (commissioners). Three commissioners are assigned to each panel that hears and decides an appeal or considers and decides a petition for review. All commissioners, including the chair, are appointed by the Governor and confirmed by the Alaska Legislature.

Two commissioners, because of their backgrounds and employment, are considered **representatives of employees**, and two commissioners, because of their backgrounds and employment, are considered **representatives of employers**. All commissioners must have served on the Board for at least 18 months before being appointed to the Commission. One of the three commissioners assigned to a panel that hears and decides an appeal or considers and decides a petition for review is an employee representative, and one is an employer representative.

The third commissioner assigned to a panel that hears and decides an appeal or considers and decides a petition for review is the chair of the Commission. The chair is a lawyer.

All commissioners on a panel that hear an appeal or consider a petition for review have equal votes in terms of deciding an appeal or a petition for review. The chair does not tell the other commissioners how to vote.

**B. The Commission Panel.** Shortly after a petition for review is filed, the Commission chair notifies the parties of the Commission panel members assigned to consider and decide your petition. The Commission members cannot give you legal advice about your petition and you cannot talk to them individually about your petition. If you know of any reason provided in AS 23.30.007(*l*), why a member of the Commission panel, including the chair, should be disqualified from considering and deciding your petition for review, you may file with the Commission a request to remove and replace a member of the panel, and must serve the opposing party, **no later than ten (10) days** after the receipt of the notice of Commissioner assignment. 8 AAC 57.080(c).

**C. Commission Staff.** The Commission staff may explain procedures, regulations, records, and forms. The staff may provide forms and help a party to complete them in the party's own words, but cannot advise a party what to say in a petition for review. The staff must remain neutral and impartial. The staff is not allowed to give legal advice or predict what the Commission will do. For example, the Commission staff *cannot*:

- Advise a party whether a particular case or statute applies in a petition for review;
- Advise a party whether a document the party prepared is going to persuade the Commission to rule in the party's favor; or

- Advise a party to choose one procedure as the best to accomplish the party's objective if more than one is available.

However, the Commission staff *may* tell a party:

- Where to find a copy of a case or a statute and how to cite it;
- How to prepare a document so the format is correct; or
- What procedures are available and what each requires.

If you need more help with your petition for review, you should seek legal advice.

## II. DEFINITIONS

- A. Petition for Review.** A *petition for review* to the Commission is an administrative procedure within the executive branch of government. It is not a court process. When reviewing a petition, the Commission decides whether to deny or grant the petition for review of an interlocutory or other non-final decision or order of the Board. It is not a new Board hearing. The only information the Commission will consider is the petition for review and the attachments, (if filed) a cross-petition for review and attachments, and any oppositions.
- B. Cross-Petition for Review.** Any other party may file a *cross-petition for review* of the **same** interlocutory or other non-final decision or order of the Board.
- C. Petitioner.** The *petitioner* is the party filing a petition for review of an interlocutory or other non-final decision or order of the Board.
- D. Respondent.** A *respondent* or *respondents* are the other parties to the Board proceeding that did not file the petition for review.
- E. Cross-Petitioner.** Any party filing a cross-petition for review is a *cross-petitioner*.
- F. Days.** A *day* is a calendar day and ends at 5:00 p.m. Alaska time. When computing a time period, the day of the act or event from which the designated time period begins to run is excluded. The last day of the time period is included, unless it is a Saturday, Sunday, or legal holiday, in which event the designated time period runs until the end of the next day that is not a Saturday, Sunday, or legal holiday.
- When calculating a due date, start counting the day following the triggering event. For example, a petition for review must be filed **no later than fifteen (15) days** after the date the interlocutory or other non-final decision or order was filed (also called "issued") by the Board. If the Board issued its decision on September 2nd, count September 3rd as day one of the 15 days. If the last day falls on a Saturday, Sunday, or legal holiday, then the last day of the time period is the end of the next day that is not a Saturday, Sunday, or legal holiday. See 8 AAC 57.060.
- G. Filing.** A party *files* a document with the Commission by faxing, mailing, attaching it to an email, or delivering it to the Commission. It is considered filed on the day that it is received by the Commission, not on the day it is sent. Documents received after 5:00 p.m. Alaska time, will be considered filed the next day that is not a Saturday, Sunday, or legal holiday. See 8 AAC 57.040(a) and (c). Also see 8 AAC 57.050(a) and (b).

**H. Self-Represented Litigant.** A person who acts without assistance from legal counsel is a *self-represented litigant*. If you accept assistance from a friend or person who is not an attorney admitted to practice law in the state, you are still a *self-represented litigant*.

**I. Service.** A petition or cross-petition for review must include proof of service on the office of the Board panel involved and all parties to the Board proceeding when the interlocutory other non-final decision or order was entered. 8 AAC 57.075(f)(9). A copy of any document filed with the Commission must be served on the office of the Board panel involved and all parties to the Board proceeding. *Service* is performed by delivering or mailing a copy of the document to each of the other parties on the same day the party files a document with the Commission, or, if a party gives consent, by faxing or emailing a copy of the document to the party on the same day. If a party files a notice of non-participation, service on that party is not necessary. See 8 AAC 57.020(f). **Note:** Proof that each of the other parties was served on the same day must be shown on the document being filed or on a separate document filed with the Commission. See 8 AAC 57.040(g). The forms that the Commission provides include a Certificate of Service section in a box that, if completed, will satisfy the requirement for proof that the document was served. An example of a Certificate of Service appears below. The party serving the document completes the identities of the parties being served, the address of the parties, the date served, the method of service, and signs the certificate. **Note:** If an attorney represents a party, the documents must be served on the attorney instead of the party. See 8 AAC 57.040(e). If a party is an agency of the State of Alaska, you must serve a copy of the document filed with the Commission on the Attorney General in Juneau at the address below *and* also to the office where the assistant attorney general who appeared in the Board proceeding is located. If a party is an agency of the State of Alaska, once an assistant attorney general has filed an entry of appearance the Attorney General in Juneau no longer needs to be served.

I certify that on _____ (date) this petition for review and all supporting documents were <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; and I certify that on this same date copies of the documents filed with the Commission were <input type="checkbox"/> mailed or <input type="checkbox"/> hand delivered to the parties checked at the addresses listed below. (Attach additional pages if more addresses must be listed.)		
<input type="checkbox"/> Office of the Board Panel involved: _____ _____ _____	<input type="checkbox"/> <i>If opposing party is a state agency:</i> Attorney General P.O. Box 110300 Juneau, AK 99811-0300	<input type="checkbox"/> Opposing party <b>OR</b> party's attorney (if represented): _____ _____ _____
_____ <small>Print name of person who mailed / delivered petition for review</small>		
_____ <small>(signature of person who mailed / delivered petition for review)</small>		

### III. FILING A PETITION FOR REVIEW

**A. Who May File a Petition for Review?** A party to a Board proceeding may petition the commission for review of an interlocutory or other non-final decision or order of the Board that is not otherwise appealable under 8 AAC Chapter 57 –

Appeals. Review will be granted only if the policy that appeals be taken only from final decisions and orders is outweighed because

1. Postponement of review until appeal may be taken from a final decision or order will result in injustice because of impairment of a legal right, or because of unnecessary delay, expense, hardship, or other related factors;
2. The decision or order involves an important question of law on which there is substantial ground for difference of opinion, and an immediate review of the decision or order may materially advance the ultimate resolution of the claim;
3. The Board has so far departed from the accepted and usual course of proceedings as to call for the Commission's review; or
4. The issue is one which might otherwise evade review, and an immediate decision by the Commission is needed for the guidance of the Board.

See 8 AAC 57.073(a) and (b).

## **B. When Can a Petition for Review Be Filed?**

1. A petition for review must be filed with the Commission **no later than 15 days** after the date that the Board serves the interlocutory or non-final decision or order for which commission review is sought. 8 AAC 57.075(a). If you want to file a petition for review after the 15 days, you must file a motion asking the Commission to accept your late-filed petition for review. Your motion must state why your petition for review is late. File your motion at the same time you file your petition for review.
2. If a petition for reconsideration of an interlocutory or other non-final decision or order of the Board is timely filed with the Board, a petition for review must be filed with the commission **no later than 15 days** after the date that the Board serves the parties the reconsideration decision, or **no later than 15 days** after the date that the petition for reconsideration is considered denied in the absence of any Board action, whichever is earlier. 8 AAC 57.075(b). The date of service is the date the decision or order was mailed by the Board. Usually the Board mails it the same day it is filed (also called "issued"). See section **II. Definitions. F. Days** on page 4 for a more detailed explanation.
3. When a petition for review is filed with the Commission, any other party may file a cross-petition for review of the **same** decision or order. A cross-petition must be filed **no later than 15 days** after service of the petition for review. 8 AAC 57.075(c).

## **C. How to File a Petition for Review.**

When filing a petition for review with the Commission, you may use AWCAC Form 13 in this packet or write your own. A petition for review may not exceed 15 pages in length, exclusive of attachments, and must conform to the requirements in 8 AAC 57.150(a). 8 AAC 57.075(f). Attachments must be listed in an index (you may use AWCAC Form 14) and placed in front of the attachments. A petition for review must include:



1. Your name, current mailing address, telephone and facsimile numbers;
2. The names, current mailing addresses, telephone and facsimile numbers (if known) of the other parties, and of their counsel, if represented by counsel;
3. A copy of the interlocutory or other non-final decision or order of the Board for which review is sought, or a statement of the substance of the decision or order of the Board, if it was rendered orally;
4. A statement of facts needed to understand the question determined by the order or decision of the Board;
5. A statement of the issue(s) sought to be reviewed;
6. Reasons why review should not be postponed until appeal may be taken from a final decision or order;
7. Reasons why the Board's decision or order is alleged to be erroneous;
8. A statement of the precise relief sought; and
9. Proof of service on the office of the Board panel involved and all parties to the Board proceeding when the decision or order was entered. 8 AAC 57.075(f).

A petition for review must conform to the memoranda form requirements in 8 AAC 57.150(a). Memoranda must be formatted as follows:

1. Typed in a clear and legible black typeface or handwritten in black ink;
2. Be in 12 or 13 point font size;
3. Be double-spaced;
4. Be on 8-1/2" x 11" white paper with 1" margins all around;
5. Footers and footnotes may be single-spaced and typed in a smaller font, but not smaller than 10 point; and
6. If longer than one page, have pages numbered consecutively.

#### **IV. AFTER A PETITION FOR REVIEW IS FILED**

- A. Docket Notice.** Upon the filing of a petition for review, the Commission clerk will promptly issue a Docket Notice, notifying and informing the Board and parties of the date and number of the decision or order sought to be reviewed, the name of the party filing the petition, and the docket number assigned to the petition by the Commission. 8 AAC 57.75(e). If any required items are missing, the Commission clerk will issue a Docket Notice stating which items are missing.
- B. Assignment of Commissioners.** Upon the filing of a petition for review, the Commission chair will notify the parties of the names of the commissioners assigned to consider and decide the petition for review. If you think there is a reason that a commissioner should not consider and decide the petition for review, you must file a motion to disqualify the commissioner **no later than ten (10) days** after service of the notice. 8 AAC 57.080. The reasons for disqualification are set out in AS 23.30.007(j).

## V. FILING A CROSS-PETITION FOR REVIEW

**A. Who May File a Cross-Petition for Review?** When a petition for review is filed, any other party may file a cross-petition for review of the **same** interlocutory or other non-final decision or order of the Board. The cross-petition for review is decided at the same time as the petition for review. Review will be granted only if the policy that appeals be taken only from final decisions and orders is outweighed because

1. Postponement of review until appeal may be taken from a final decision or order will result in injustice because of impairment of a legal right, or because of unnecessary delay, expense, hardship, or other related factors;
2. The decision or order involves an important question of law on which there is substantial ground for difference of opinion, and an immediate review of the decision or order may materially advance the ultimate resolution of the claim;
3. The Board has so far departed from the accepted and usual course of proceedings as to call for the Commission's review; or
4. The issue is one which might otherwise evade review, and an immediate decision by the Commission is needed for the guidance of the Board.

See 8 AAC 57.073(a) and (b).

### **B. When Can a Cross-Petition for Review Be Filed?**

A cross-petition for review may be filed with the Commission **no later than 15 days** after the date of service of the petition for review. 8 AAC 57.075(c). If you want to file a cross-petition for review after the 15 days, you must file a motion asking the Commission to accept your late-filed cross-petition for review. Your motion must state why your cross-petition for review is late. File your motion at the same time you file your cross-petition for review.

### **C. How to File a Cross-Petition for Review.**

When filing a cross-petition for review with the Commission, you may use AWCAC Form 15 in this packet or write your own. A petition for review may not exceed 15 pages in length, exclusive of attachments, and must conform to the requirements in 8 AAC 57.150(a). 8 AAC 57.075(f). Attachments must be listed in an index (you may use AWCAC Form 14) and placed in front of the attachments. A cross-petition for review must include:

1. Your name, current mailing address, telephone and facsimile numbers;
2. The names, current mailing addresses, telephone and facsimile numbers (if known) of the other parties, and of their counsel, if represented by counsel;
3. A copy of the interlocutory or other non-final decision or order of the Board for which review is sought, or a statement of the substance of the decision or order of the Board, if it was rendered orally;
4. A statement of facts needed to understand the question determined by the order or decision of the Board;
5. A statement of the issue(s) sought to be reviewed;

6. Reasons why review should not be postponed until appeal may be taken from a final decision or order;
7. Reasons why the Board's decision or order is alleged to be erroneous;
8. A statement of the precise relief sought; and
9. Proof of service on the office of the Board panel involved and all parties to the Board proceeding when the decision or order was entered. 8 AAC 57.075(f).

A petition for review must conform to the memoranda form requirements in 8 AAC 57.150(a). Memoranda must be formatted as follows:

1. Typed in a clear and legible black typeface or handwritten in black ink;
2. Be in 12 or 13 point font size;
3. Be double-spaced;
4. Be on 8-1/2" x 11" white paper with 1" margins all around;
5. Footers and footnotes may be single-spaced and typed in a smaller font, but not smaller than 10 point; and
6. If longer than one page, have pages numbered consecutively.

#### **VI. AFTER A CROSS-PETITION FOR REVIEW IS FILED**

**Docket Notice.** Upon the filing of a cross-petition for review, the Commission clerk will promptly issue a Docket Notice, notifying and informing the Board and parties of the cross-petition for review and the name of the party filing the cross-petition. 8 AAC 57.75(e). If any required items are missing, the Commission clerk will issue a Docket Notice stating which items are missing.

#### **VII. OPPOSITION TO A PETITION OR CROSS-PETITION FOR REVIEW**

**No later than 15 days** after service of a petition or cross-petition for review, a party may file an opposition, not exceeding 15 pages in length, exclusive of attachments, and must conform to the requirements in 8 AAC 57.150(a). 8 AAC 57.075(g). You may use AWCAC Form 16 in this packet or write your own. Attachments must be listed in an index (you may use AWCAC Form 14) and placed in front of the attachments. An opposition must include:

1. Objections to the Commission's consideration of the petition for review or cross-petition for review; and
2. Proof of service on the office of the Board panel involved and all parties to the Board proceeding when the decision or order was entered. 8 AAC 57.075(g).

A petitioner or cross-petitioner may not file a reply to an opposition, unless ordered by the commission. 8 AAC 57.075(h).

## **VIII. DECISION**

The Commission will consider and decide a petition for review or cross-petition for review as soon as practicable. Oral argument will not be held on the question of whether a petition or cross-petition for review should be granted. 8 AAC 57.077(a).

The Commission will promptly notify the parties and the Board of the action taken on a petition or cross-petition for review and furnish a copy of any commission order denying or granting a petition or cross-petition for review to the parties and to the office of the Board panel involved. A motion for rehearing of the denial of a petition or cross-petition for review may not be filed. 8 AAC 57.077(b).

The Commission will grant a petition or cross-petition for review and allow an appeal only if the policy favoring an appeal of an interlocutory or other non-final board decision or order of the Board is outweighed by allowing the Board to proceed.

## **IV. FORMS**

The next pages are examples of forms you may use. You do not have to use these forms, but they may help you file complete documents.

- AWCAC Form 13, Petition for Review by Self-Represented Litigant
- AWCAC Form 14, List of Attachments
- AWCAC Form 15, Cross-Petition for Review by Self-Represented Litigant
- AWCAC Form 16, Opposition to Petition for Review/Cross-Petition for Review
- AWCAC Form 05, Motion for Extension of Time by Self-Represented Litigant
- AWCAC Form 06, Motion/Request by Self-Represented Litigant
- AWCAC Form 07, Opposition to Motion/Request by Self-Represented Litigant
- AWCAC Form 08, Certificate of Service by Self-Represented Litigant

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Petitioner, <i>(party filing petition)</i>	
vs.	
Respondent(s). <i>(all other parties)</i>	AWCAC Appeal No. _____ AWCB Decision No. _____ AWCB Case No. _____

PETITION FOR REVIEW  
BY SELF-REPRESENTED LITIGANT

I, \_\_\_\_\_, petition the Workers' Compensation Appeals Commission (Commission) to review an interlocutory or non-final decision or order by the Alaska Workers' Compensation Board (Board). The Decision No. is \_\_\_\_\_, issued on \_\_\_\_\_. **I have attached a copy of the decision or order that I want the Commission to review.**

I am not represented by an attorney. I am filing this petition myself.

My name is \_\_\_\_\_

My mailing address is \_\_\_\_\_

My telephone number is \_\_\_\_\_

My fax number is \_\_\_\_\_

The board's order is against a corporation or a partnership or other unincorporated association, and the petitioner is a  corporation or a  partnership or other unincorporated association. I represented the \_\_\_\_\_ before the Board, but I am not an attorney. I know that I must find an attorney right away to proceed before the Commission. 8 AAC 57.065(a)(1) and (2).

Provide the names, current mailing addresses, and telephone numbers and facsimile numbers (if known) of the parties; and the names, current mailing addresses, and telephone numbers and facsimile numbers of counsel, if the parties (respondents) are represented by counsel.

Respondent name, address, telephone, fax	Attorney name, address, telephone, fax
Name: Address  City, State, Zip Telephone: Fax:	Attorney name: Firm name: Address  City, State, Zip Telephone: Fax:
Name: Address  City, State, Zip Telephone: Fax:	Attorney name: Firm name: Address  City, State, Zip Telephone: Fax:
Name: Address  City, State, Zip Telephone: Fax:	Attorney name: Firm name: Address  City, State, Zip Telephone: Fax:
Name: Address  City, State, Zip Telephone: Fax:	Attorney name: Firm name: Address  City, State, Zip Telephone: Fax:

This is [These are] the legal question(s) raised by the Board's decision or order that the Commission should decide before a final decision is issued in my workers' compensation case:

### **STATEMENT OF FACTS**

Provide a statement of the facts that the Commission needs to know to understand the question determined by the Board when it issued its decision or order.

Statement of Facts (continued).

I have attached copies of documents that support these facts. I put the copies in order by date. They are all copies of documents the Board had in its file when it issued its decision that I want the Commission to review. I have provided a list of all the documents attached, using AWCAC Form 14, List of Attachments and placed the list in front of my attachments.



**STATEMENT OF THE ISSUE(S) (REASONS) REVIEW IS SOUGHT**

These are the questions that the Commission needs to decide in its review.

Statement of the Issue(s) (continued).

## **Reasons Why Review Should Not be Postponed Until Appeal May be Taken from a Final Decision or Order of the Board**

I know that if I do not appeal an interlocutory or non-final decision or order of the Board, I can reserve (save) my right to appeal until the Board's final decision is issued. Then, if the Board's decision is against me, I can appeal that decision and the interlocutory or non-final decision or order of the Board at the same time. Or, if the Board's final decision is in my favor, then, if the other side appeals, I can file a cross-appeal that challenges the interlocutory or non-final decision or order of the Board. But, I do not want to wait. I have good reasons why the Commission should allow me to file an appeal now.

These are my reasons that the Commission should not wait to decide the issue(s) listed under my **Statement of the Issue(s) (Reasons) Review is Sought** until the Board issues a final decision in my workers' compensation case:

Reasons why review should not be postponed (continued).

Reasons why review should not be postponed (continued).

**REASONS WHY THE BOARD’S DECISION OR ORDER IS ALLEGED TO BE ERRONEOUS**

I know that the Commission cannot grant a petition for review just because I disagree with the Board’s action. In my case the Board made errors of law or made findings of fact without substantial evidence to support the findings. The Board errors led to a decision or order that I think is wrong. Here is where I describe the Board’s errors and explain how those errors led to this wrong decision or order.

Board errors, etc. (continued).

Board errors, etc. (continued).



CONTINUATION PAGE  
*Use to add what you cannot fit on other pages.*

**STATEMENT OF THE PRECISE RELIEF SOUGHT**

*Identify the order paragraph number. Tell the Commission exactly what change you want made to the Board order.*

I ask the Commission to do the following to the Board's order:

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

CERTIFICATE OF SERVICE				
I certify that on _____ (date) this petition for review and supporting documents were <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; and I certify that on this same date a complete copy of the document filed with the Commission was <input type="checkbox"/> mailed or <input type="checkbox"/> hand delivered to the parties checked at the addresses listed below. <i>(attach additional pages if more addresses must be listed)</i>				
<input type="checkbox"/> Office of the Board Panel involved: _____ _____ _____	<input type="checkbox"/> <i>If opposing party is a state agency:</i> Attorney General P.O. Box 110300 Juneau, AK 99811-0300	<input type="checkbox"/> Opposing party <i>OR</i> party's attorney (if represented): _____ _____		
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; border-top: 1px solid black; text-align: center;"> <i>Print name of person who mailed / delivered petition for review</i> </td> <td style="width: 50%; border-top: 1px solid black; text-align: center;"> <i>(signature of person who mailed / delivered petition for review)</i> </td> </tr> </table>			<i>Print name of person who mailed / delivered petition for review</i>	<i>(signature of person who mailed / delivered petition for review)</i>
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ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Cross-Petitioner, <i>(party filing cross-petition)</i>	
vs.	
Respondent(s). <i>(all other parties)</i>	AWCAC Appeal No. _____ AWCB Decision No. _____ AWCB Case No. _____

CROSS-PETITION FOR REVIEW  
BY SELF-REPRESENTED LITIGANT

I, \_\_\_\_\_, cross-petition the Workers' Compensation Appeals Commission (Commission) to review an interlocutory or non-final decision or order by the Alaska Workers' Compensation Board (Board). The Decision No. is \_\_\_\_\_, issued on \_\_\_\_\_. **I have attached a copy of the decision or order that I want the Commission to review.**

I am not represented by an attorney. I am filing this cross-petition myself.

My name is \_\_\_\_\_

My mailing address is \_\_\_\_\_  
\_\_\_\_\_

My telephone number is \_\_\_\_\_

My fax number is \_\_\_\_\_

The board's order is against a corporation or a partnership or other unincorporated association, and the petitioner is a  corporation or a  partnership or other unincorporated association. I represented the \_\_\_\_\_ before the Board, but I am not an attorney. I know that I must find an attorney right away to proceed before the Commission. 8 AAC 57.065(a)(1) and (2).

Provide the names, current mailing addresses, and telephone numbers and facsimile numbers (if known) of the parties; and the names, current mailing addresses, and telephone numbers and facsimile numbers of counsel, if the parties (respondents) are represented by counsel.

Respondent name, address, telephone, fax	Attorney name, address, telephone, fax
Name: Address  City, State, Zip Telephone: Fax:	Attorney name: Firm name: Address  City, State, Zip Telephone: Fax:
Name: Address  City, State, Zip Telephone: Fax:	Attorney name: Firm name: Address  City, State, Zip Telephone: Fax:
Name: Address  City, State, Zip Telephone: Fax:	Attorney name: Firm name: Address  City, State, Zip Telephone: Fax:
Name: Address  City, State, Zip Telephone: Fax:	Attorney name: Firm name: Address  City, State, Zip Telephone: Fax:

This is [These are] the legal question(s) raised by the Board's order that the Commission should decide before a final decision is issued in my workers' compensation case:

### **STATEMENT OF FACTS**

Provide a statement of the facts that the Commission needs to know to understand the question determined by the Board when it issued its decision or order.

Statement of Facts (continued).

I have attached copies of documents that support these facts. I put the copies in order by date. They are all copies of documents the Board had in its file when it issued its decision that I want the Commission to review. I have provided a list of all the documents attached, using AWCAC Form 14, List of Attachments and placed the list in front of my attachments.



**STATEMENT OF THE ISSUE(S) (REASONS) REVIEW IS SOUGHT**

These are the questions that the Commission needs to decide in its review.

Statement of the Issue(s) (continued).

## **Reasons Why Review Should Not be Postponed Until Appeal May be Taken from a Final Decision or Order of the Board**

I know that if I do not appeal an interlocutory or non-final decision or order of the Board, I can reserve (save) my right to appeal until the Board's final decision is issued. Then, if the Board's decision is against me, I can appeal that decision and the interlocutory or non-final decision or order of the Board at the same time. Or, if the Board's final decision is in my favor, then, if the other side appeals, I can file a cross-appeal that challenges the interlocutory or non-final decision or order of the Board. But, I do not want to wait. I have good reasons why the Commission should allow me to file an appeal now.

These are my reasons that the Commission should not wait to decide the issue(s) listed under my **Statement of the Issue(s) (Reasons) Review is Sought** until the Board issues a final decision in my workers' compensation case:

Reasons why review should not be postponed (continued).

Reasons why review should not be postponed (continued).

**REASONS WHY THE BOARD’S DECISION OR ORDER IS ALLEGED TO BE ERRONEOUS**

I know that the Commission cannot grant a cross petition for review just because I disagree with the Board’s action. In my case the Board made errors of law or made findings of fact without substantial evidence to support the findings. The Board errors led to a decision or order that I think is wrong. Here is where I describe the Board’s errors and explain how those errors led to this wrong decision or order.

Board errors, etc. (continued).

Board errors, etc. (continued).



CONTINUATION PAGE

*Use to add what you cannot fit on other pages.*

### **STATEMENT OF THE PRECISE RELIEF SOUGHT**

*Identify the order paragraph number. Tell the Commission exactly what change you want made to the Board order.*

I ask the Commission to do the following to the Board's order:

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number Fax Number and/or Email

CERTIFICATE OF SERVICE		
I certify that on _____ (date) this cross-petition for review and supporting documents were <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; and I certify that on this same date a complete copy of the document filed with the Commission was <input type="checkbox"/> mailed or <input type="checkbox"/> hand delivered to the parties checked at the addresses listed below. (attach additional pages if more addresses must be listed)		
<input type="checkbox"/> Office of the Board Panel involved: _____ _____ _____	<input type="checkbox"/> If opposing party is a state agency: Attorney General P.O. Box 110300 Juneau, AK 99811-0300	<input type="checkbox"/> Opposing party OR party's attorney (if represented): _____ _____ _____
_____ <i>Print name of person who mailed / delivered petition for review</i>		
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ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Petitioner, <i>(party filing petition)</i>	
vs.	
Respondent(s). <i>(other parties)</i>	AWCAC Appeal No. _____ AWCB Decision No. _____ AWCB Case No. _____

OPPOSITION TO PETITION FOR REVIEW OR CROSS-PETITION FOR REVIEW

I, \_\_\_\_\_, am the:  Petitioner  Respondent.  
*(name)*

I oppose the  Petition for Review  Cross-Petition for Review of the following decision or order by the Alaska Workers' Compensation Board:

\_\_\_\_\_.

Objections to the Commission's consideration of the petition or cross-petition for review.

(You may add more pages if necessary, up to 14 more pages.)



I have attached copies of documents that support these facts. I put the copies in order by date. They are all copies of documents the Board had in its file when it issued its decision that I want the Commission to review. I have provided a list of all the documents attached, using AWCAC Form 14, List of Attachments and placed the list in front of my attachments.

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

CERTIFICATE OF SERVICE		
I certify that on _____ (date) this opposition and supporting documents were <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; and I certify that on this same date a complete copy of the document filed with the Commission was <input type="checkbox"/> mailed or <input type="checkbox"/> hand delivered to the parties checked at the addresses listed below. <i>(attach additional pages if more addresses must be listed)</i>		
<input type="checkbox"/> Office of the Board Panel involved: _____ _____ _____	<input type="checkbox"/> <i>If opposing party is a state agency:</i> Attorney General P.O. Box 110300 Juneau, AK 99811-0300	<input type="checkbox"/> Opposing party <i>OR</i> party's attorney (if represented): _____ _____
_____ <i>Print name of person who mailed / delivered petition for review</i>		_____ <i>(signature of person who mailed / delivered petition for review)</i>

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Petitioner, (party filing petition)
VS.
Respondent(s). (other parties)

AWCAC Appeal No.
AWCB Decision No.
AWCB Case No.

MOTION FOR EXTENSION OF TIME BY SELF-REPRESENTED LITIGANT

I, (name), am the: [ ] Petitioner [ ] Respondent

I ask the Commission to give me more time for me to do this task: for days, or from the day it is due, which is, until this day:

[ ] On, I spoke with, who is/represents the opposing party and who told me there is no objection by the opposing party to this request.

OR, [ ] On, I telephoned/wrote to, who is/represents the opposing party but I was unable to determine if the opposing party opposed my request because:

I have obtained days of extensions from the Commission before this request. I request this extension because:

I am not asking for more time just to delay this petition for review. I am diligently working to complete the task for which I request an extension. I certify that the statements in this motion are true.

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

Person filing this document MUST sign above.

CERTIFICATE OF SERVICE

I certify that on (date) this motion was [ ] mailed, [ ] faxed, [ ] emailed, or [ ] hand delivered to the Alaska Workers' Compensation Appeals Commission; and I certify that on this same date a copy of the document filed with the Commission was [ ] mailed or [ ] hand delivered to the parties checked at the addresses listed below. (attach additional pages if more addresses must be listed)

[ ] Office of the Board Panel involved:
[ ] Opposing party OR party's attorney (if represented):

Print name of person who mailed / delivered document

Signature of person who mailed / delivered document

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Petitioner, <i>(party filing petition)</i>  VS.  Respondent(s). <i>(other parties)</i>	
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AWCAC Appeal No. \_\_\_\_\_  
 AWCB Decision No. \_\_\_\_\_  
 AWCB Case No. \_\_\_\_\_

MOTION / REQUEST BY SELF-REPRESENTED LITIGANT

I, \_\_\_\_\_, am the:       Petitioner       Respondent  
*(name)*

I request that the Commission do the following: \_\_\_\_\_

The Commission should do this for these reasons: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_. (Attach more pages if needed)

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

Person filing this document **MUST** sign above.

CERTIFICATE OF SERVICE

I certify that on \_\_\_\_\_ *(date)* this motion and all supporting documents were  mailed,  faxed,  emailed, or  hand delivered to the Alaska Workers' Compensation Appeals Commission; and I certify that on this same date copies of the documents filed with the Commission were  mailed or  hand delivered to the parties checked at the addresses listed below. *(attach additional pages if more addresses must be listed)*

<input type="checkbox"/> Office of the Board Panel involved:  _____ _____ _____		<input type="checkbox"/> Opposing party <b>OR</b> party's attorney (if represented):  _____ _____ _____
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_____ <i>Print name of person who mailed / delivered document</i>	_____ <i>Signature of person who mailed / delivered document</i>
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**ALASKA WORKERS' COMPENSATION APPEALS COMMISSION**

Petitioner, <i>(party filing petition)</i>  VS.  Respondent(s). <i>(other parties)</i>
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AWCAC Appeal No. \_\_\_\_\_  
 AWCB Decision No. \_\_\_\_\_  
 AWCB Case No. \_\_\_\_\_

**OPPOSITION TO MOTION/REQUEST BY SELF-REPRESENTED LITIGANT**

I am the:      Petitioner      Respondent.     **I oppose** the motion/request filed by  
 the      Petitioner      Respondent     asking that the Commission do the following: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I do not agree that the Commission should do what the motion requests because: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_. (Attach more pages if needed)

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

**Person filing this document MUST sign above.**

<b>CERTIFICATE OF SERVICE</b>			
I certify that on _____ <i>(date)</i> this opposition and all supporting documents were <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; and I certify that on this same date copies of the documents filed with the Commission were <input type="checkbox"/> mailed or <input type="checkbox"/> hand delivered to the parties checked at the addresses listed below. <i>(attach additional pages if more addresses must be listed)</i>			
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# ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

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

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

## CERTIFICATE OF SERVICE BY SELF-REPRESENTED LITIGANT

I, \_\_\_\_\_, am the:  Petitioner  Respondent  
(name)

I certify that on \_\_\_\_\_, a copy of my:  Petition for Review  List of Attachments  
 Cross-Petition for Review  Opposition to Petition/Cross-Petition for Review  Motion/Request  
 Motion/Request for Extension of Time  Opposition to Motion/Request

Other: \_\_\_\_\_ was/were:  
 mailed  hand delivered  or other method \_\_\_\_\_ to:

<input type="checkbox"/> Office of the Board Panel involved: _____ _____ _____		<input type="checkbox"/> Opposing party <b>OR</b> party's attorney (if represented): _____ _____ _____
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Additional names and addresses:


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

**Person filing this document MUST sign above.**