

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

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|---|-------------------------|
| 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 EXCERPT OF RECORD COVER SHEET

I, _____, am the Appellant Appellee. This is my excerpt of record which contains the documents that I refer to in my brief. Each page is numbered from ____ to _____. The attached index lists the documents and the pages where each document is found.

The person filing this document MUST sign below.

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|------------------|--------------------------|
| Signature | Date |
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| Telephone Number | Fax Number and/or E-mail |

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| I certify that on _____ (date) this Excerpt of Record 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 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.) | |
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