

**ALASKA WORKERS' COMPENSATION APPEALS COMMISSION**

\_\_\_\_\_

\_\_\_\_\_

Appellant, *(party filing appeal)*

VS.

\_\_\_\_\_

\_\_\_\_\_

Appellee(s). *(all other parties)*

AWCAC Appeal No. \_\_\_\_\_

AWCB Decision No. \_\_\_\_\_

AWCB Case No. \_\_\_\_\_

**NOTICE OF APPEAL**

**Please take notice** that I, \_\_\_\_\_, appeal a decision by the Alaska Workers' Compensation Board, in AWCB Case No. \_\_\_\_\_.

The decision I appeal is Decision No. \_\_\_\_\_ dated \_\_\_\_\_.

**OR**

A copy of the board decision that I am appealing is attached to this notice.

**STATEMENT OF GROUNDS FOR APPEAL**

The grounds (reasons) for this appeal are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**The person filing this document MUST sign below.**

This form is being filed within 30 days after the date of the Alaska Workers' Compensation Board's decision.

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

This form is being filed \_\_\_\_\_ days after the date of the Alaska Workers' Compensation Board's decision. A Motion for Extension of Time to File Notice of Appeal is attached.

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

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

\_\_\_\_\_  
Telephone Number Fax Number and/or E-mail

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ this Notice of Appeal and Statement of Grounds for Appeal and all supporting documents were  mailed,  faxed,  e-mailed, or  hand delivered to the Alaska Workers' Compensation Appeals Commission, and that on this same date copies of the documents filed with the Commission were  mailed or  hand delivered to the following parties at the addresses listed below. *(Attach additional pages if more addresses must be listed.)*

<input checked="" type="checkbox"/> Director Alaska Workers' Compensation Division P.O. Box 115512 Juneau, AK 99811	<input type="checkbox"/> <b>If opposing party is a state agency:</b> Attorney General's Office P.O. Box 110300 Juneau, AK 99811-0300	<input type="checkbox"/> Opposing party <b>OR</b> party's attorney (if represented):  _____  _____
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\_\_\_\_\_  
*Print name of person who mailed / delivered notice of appeal*

\_\_\_\_\_  
*Signature of person who mailed / delivered notice of appeal*