

WORKERS' COMPENSATION APPEALS COMMISSION

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. _____

MOTION FOR ROUTINE EXTENSION OF TIME

I, _____, am the: Appellant Appellee
(name)

I request a routine extension of time for 10 days to file my brief.

Signature Date

Mailing Address

City, State, Zip

Telephone Number Fax Number and/or Email

CERTIFICATE OF SERVICE

I certify that on _____ *(date)* this motion was mailed, faxed, emailed, or hand delivered to the Workers' Compensation Appeals Commission; and I certify that on this same date a complete copy of the document filed with the Commission was mailed or hand delivered to the party checked at the address listed below.

Print name of person who mailed / delivered motion below	<input type="checkbox"/> Opposing party OR party's attorney (if represented):

_____	_____ <i>(signature of person who mailed / delivered motion)</i>