

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

<p style="text-align: center;">Appellant, <i>(party filing appeal)</i></p> <p>vs.</p> <p style="text-align: center;">Appellee(s). <i>(all other parties to appeal)</i></p>	<p>AWCAC Appeal No. _____</p> <p>AWCB Decision No. _____</p> <p>AWCB Case No. _____</p>
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**BRIEF COVER SHEET
FOR BRIEF FILED BY SELF-REPRESENTED APPEAL PARTICIPANT**

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

This is my brief on appeal. It contains my statement of the issues presented for review, a statement of the facts, a brief description of the proceedings before the board, a statement of the applicable standard of review, arguments on the issues presented, and a short conclusion stating what I would like the commission to do to resolve my appeal.

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

Person filing this document MUST sign above.

CERTIFICATE OF SERVICE	
<p>I certify that on _____ <i>(date)</i> this appeal brief was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the Workers' Compensation Appeals Commission; and I certify that on this same date a copy of the appeal brief that was 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></p>	
	<p><input type="checkbox"/> Opposing party OR party's attorney (if represented):</p> <hr/> <hr/>
<p>_____ <i>Print name of person who mailed / delivered brief</i></p>	<p>_____ <i>(signature of person who mailed / delivered brief)</i></p>