

ALASKA WORKERS' COMPENSATION BOARD
P.O. Box 115512
JUNEAU, ALASKA 99811-5512

IN THE MATTER OF THE CLAIM FOR)
COMPENSATION AND/OR BENEFITS)
UNDER THE ALASKA WORKERS')
COMPENSATION ACT)
)
)
)
Employee,)
)
vs.)
)
)
)
)
Employer,)
and)
)
)
)
)
Adjuster.)
_____)

Date of Injury: _____
AWCB Case No.: _____

NOTICE OF INTENT TO RELY

COMES NOW Employee and provides notice pursuant to 8 AAC 45.120(f) I intend to rely, and reserve the right to rely, on the following document(s) at hearing in the above-captioned case.

Dated at _____, Alaska, this _____ day of _____, _____.

By: _____

Signature

Printed Name & Address:

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on the _____ day of _____, _____ copies of the foregoing were mailed, first class postage prepaid, to the following:

Claimant:

Claimant Attorney:

Adjusting Firm:

Employer:

Employer Attorney:
