

# ALASKA 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. _____

## AMENDED 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.

## AMENDED STATEMENT OF GROUNDS FOR APPEAL

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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 a Notice of Appeal" is attached. \_\_\_\_\_  
Mailing Address City, State, Zip

**The person filing this document MUST sign above.** \_\_\_\_\_  
Telephone Number Fax Number and/or Email

### CERTIFICATE OF SERVICE

I certify that on \_\_\_\_\_ this Amended Notice of Appeal and Amended Statement of Grounds for Appeal and all supporting documents were  mailed,  faxed,  emailed, or  hand delivered to the Alaska Workers' Compensation Appeals Commission, and I 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 type="checkbox"/> Director Alaska Workers' Compensation Division P.O. Box 115512 Juneau, AK 99811	<input type="checkbox"/> <b><i>If opposing party is a state agency:</i></b> Attorney General's Office P.O. Box 110300 Juneau, AK 99811-0300	<input type="checkbox"/> Opposing party <b><i>OR</i></b> party's attorney (if represented): _____ _____ _____
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\_\_\_\_\_  
Print name of person who mailed / delivered motion Signature of person who mailed / delivered motion