

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Appellant, <i>(party filing appeal)</i> vs.	AWCAC Appeal No. _____ AWCB Decision No. _____ AWCB Case No. _____
Appellee(s). <i>(all other parties to appeal)</i>	

DESIGNATION FOR TRANSCRIPTION OF HEARING RECORD BY SELF-REPRESENTED APPEAL PARTICIPANT

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

I select for transcribing the following hearing recording(s) in AWCB Case No. _____; the hearing(s) took place before the Alaska Workers' Compensation Board on _____, at _____, Alaska.

My case was decided on the written record and there was no oral hearing. There is no recording to transcribe.

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I certify that on _____ this Designation for Transcription and all supporting documents were <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> 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 <input type="checkbox"/> mailed or <input type="checkbox"/> hand delivered to the following parties at the addresses listed below. <i>(Attach additional pages if more addresses must be listed.)</i>	
	<input type="checkbox"/> Opposing party OR party's attorney (if represented): <hr style="border: 0; border-top: 1px solid black;"/> <hr style="border: 0; border-top: 1px solid black;"/>
_____ <i>Print name of person who mailed / delivered motion</i>	_____ <i>Signature of person who mailed / delivered motion</i>