

**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. _____
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**MOTION FOR EXTENSION OF TIME BY SELF-REPRESENTED APPEAL PARTICIPANT**

I, \_\_\_\_\_, am the:  Appellant  Appellee. I ask the commission to give me more time to do this task: \_\_\_\_\_.

I am requesting an additional \_\_\_\_\_ days from the day it is due, which is \_\_\_\_\_, until this day \_\_\_\_\_.

On \_\_\_\_\_, I spoke with \_\_\_\_\_, who is / represents the opposing party and who told me there is no objection by the opposing party to this request.

OR

On \_\_\_\_\_, I telephoned / wrote to \_\_\_\_\_, who is / represents the opposing party but I was unable to determine if the opposing party opposed my request because: \_\_\_\_\_.

I have obtained \_\_\_\_\_ days of extensions from the commission before this request. I request this extension because: \_\_\_\_\_

I am not asking for more time just to delay this appeal. I am diligently working to complete the task for which I request an extension. I certify that the statements in this motion are true.

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

**Person filing this document MUST sign above.**

<b>CERTIFICATE OF SERVICE</b>	
I certify that on _____ (date) this motion 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 document 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>	
	<input type="checkbox"/> Opposing party <b>OR</b> party's attorney (if represented):  _____ _____
_____ <span style="float: right;">_____</span> <i>(Print name of person who mailed / delivered motion) (signature of person who mailed / delivered motion)</i>	