ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Appellant,	(party filing appeal)		
VS.			
		AWCAC Appeal No	
Annellee(s)	. (all other parties to appeal)	AWCR Decision No.	
Appellee(3)	· (all other parties to appeal)	AWCB Case No.	
MOTIO	N / REQUEST BY SELF-RI	EPRESENTED APPEAL PAI	RTICIPANT
I,	, ai	m the:	Appellee
		ng:	
Trequest that the	Commission do the following		· · · · · · · · · · · · · · · · · · ·
The Commission s	should do this for these rea	sons:	
		(Attach mo	ore pages if needed.)
	Signature	Date	<u></u>
	Signature	Dute	
	Mailing Address		
	City, State, Zip		
	Talanhana Ni wakan	Face Normalian and Jan Francis	
	Telephone Number	Fax Number and/or Email	
Person filing this docun		TE OF SERVICE	
I certify that on		Il supporting documents were □ ma	iled, ☐ faxed, ☐ emailed, or
☐ hand delivered to the	e Alaska Workers' Compensation Ap	peals Commission, and I certify that	on this same date copies of
the documents filed wit (attach additional pages if moi	in the Commission were [imailed of readdresses must be listed]	r \square hand delivered to the parties a	t the addresses listed below.
		Opposing party <i>OR</i> party's a	ttorney (if represented):