

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

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| 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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OPPOSITION TO MOTION / REQUEST BY SELF-REPRESENTED APPEAL PARTICIPANT

I am the Appellant Appellee. I **oppose** the motion / request filed by the
 Appellant Appellee asking that the Commission do the following:

I do not agree that the Commission should do what the motion requests because:

_____. (Attach more pages if needed).

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

Person filing this document MUST sign above.

| CERTIFICATE OF SERVICE | |
|---|---|
| I certify that on _____ <i>(date)</i> this opposition 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 Workers' Compensation Appeals Commission; and I certify 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 parties checked 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/> <hr/> |
| <i>Print name of person who mailed / delivered opposition</i> | <i>(signature of person who mailed / delivered opposition)</i> |