

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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CERTIFICATE OF SERVICE BY SELF-REPRESENTED APPEAL PARTICIPANT

I, _____ am the Appellant Appellee. I certify that on _____, a copy of my: Notice of Appeal and Statement of Grounds*

- Financial Statement Affidavit
 Designation of Transcript of Hearing Record
 Motion/Request
 Opposition to Motion/Request
 Brief
 Excerpt of Record
 Request for Oral Argument
 Other: _____

was/were:

- mailed
 hand delivered
 faxed
 emailed to:

<input type="checkbox"/> Director, Alaska Workers' Compensation Division P.O. Box 115512 Juneau, AK 99811	* <input type="checkbox"/> <i>If opposing party is a state agency:</i> Attorney General P.O. Box 110300 Juneau, AK 99811	<input type="checkbox"/> Opposing party OR party's attorney (if represented): _____ _____
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Additional names and addresses:

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

Person filing this document MUST sign above.