

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

<i>Appellant, (party filing appeal)</i>
VS.
<i>Appellee(s). (all other parties)</i>

AWCAC Appeal No. _____
 AWCB Decision No. _____
 AWCB Case No. _____

COVER SHEET FOR BRIEF FILED BY SELF-REPRESENTED APPELLEE

I, _____, am the Appellee. This is my brief on appeal. It contains my arguments on the issues presented and a short conclusion stating what I would like the Commission to do to resolve the appeal.

Optional: It also contains a different summary of the facts brief description of the proceedings before the Board and/or statement of the applicable standard of review, because I am dissatisfied with the appellant's statement in those sections.

The person filing this document MUST sign below.

Signature	Date
Mailing Address	
City, State, Zip	
Telephone Number	Fax Number and/or E-mail

CERTIFICATE OF SERVICE

I certify that on _____ this Brief and all supporting documents were mailed, faxed, e-mailed, or hand delivered to the Alaska Workers' Compensation Appeals Commission, and that on this same date copies of the documents filed with the Commission were mailed or hand delivered to the following parties at the addresses listed below. *(Attach additional pages if more addresses must be listed.)*

		<input type="checkbox"/> Opposing party OR party's attorney (if represented):

<i>Print name of person who mailed / delivered brief</i>	<i>Signature of person who mailed / delivered brief</i>
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