

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

<p style="text-align: center;">Appellant, <i>(person filing appeal)</i></p> <p>vs.</p>	<p>AWCAC Appeal No. _____</p> <p>AWCB Decision No. _____</p> <p>AWCB Case No. _____</p>
<p style="text-align: center;">Appellee(s). <i>(all other parties to appeal)</i></p>	

**REPLY BRIEF COVER SHEET
FOR BRIEF FILED BY SELF-REPRESENTED APPEAL PARTICIPANT**

I, _____, am the: Appellant Appellee
(name)
 This is my reply brief on appeal.

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

CERTIFICATE OF SERVICE	
I certify that on _____ <i>(date)</i> a copy of this Appeal Brief filed with Alaska Workers' Compensation Appeals Commission, was <input type="checkbox"/> mailed <input type="checkbox"/> personally delivered to the parties at the addresses below. <i>(attach additional pages if more addresses must be listed)</i>	
<input type="checkbox"/> Director, Alaska Workers' Compensation Division P.O. Box 115512 Juneau, AK 99811	<input type="checkbox"/> Opposing party OR party's attorney (if represented): <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/>
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