

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Appellant, *(party filing appeal)*

VS.

Appellee(s). *(all other parties to appeal)*

AWCAC Appeal No. \_\_\_\_\_

AWCB Decision No. \_\_\_\_\_

AWCB Case No. \_\_\_\_\_

**SHOW OF GOOD CAUSE**

I, \_\_\_\_\_, am the:  Appellant  Appellee  
*(name)*

The reasons why I have not filed \_\_\_\_\_ are because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_. (Attach more pages if needed).

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

The person filing this document **MUST** sign above.

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ *(date)* this Show of Good Cause was  mailed,  faxed,  emailed, or  hand delivered to the Workers' Compensation Appeals Commission; and I certify that on this same date a copy of the document that was filed with the Commission was  mailed or  hand delivered to the parties checked at the addresses listed below. *(attach additional pages if more addresses must be listed)*

Opposing party **OR** party's attorney (if represented):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Print name of person who mailed / delivered brief*

*(signature of person who mailed / delivered brief)*