

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. _____

NOTICE OF NONPARTICIPATION

I, _____, am an Appellee in the above-referenced case. I elect not to participate in the appeal by filing this Notice of Nonparticipation. I understand that pursuant to the Alaska Workers' Compensation Appeals Commission's regulation 8 AAC 57.020(c) that an appellee may elect at any time not to participate in an appeal by filing and serving a notice of nonparticipation and that the filing of a notice of nonparticipation does not affect whether the party is bound by the decision 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> this Notice of Nonparticipation was <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 a copy of the document that was filed with the Commission was <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"/> Director, Alaska Workers' Compensation Division P.O. Box 115512 Juneau, AK 99811	<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>	