

# INSTRUCTIONS FOR SELF-REPRESENTED LITIGANTS

## **Appellant Packet**

To appeal a final decision from the  
Alaska Workers' Compensation Board  
to the  
Alaska Workers' Compensation Appeals  
Commission

**This pamphlet is for informational purposes only. The statutes, regulations, and caselaw control over anything said to the contrary here.**

Alaska Workers' Compensation Appeals Commission  
3301 Eagle Street, Suite 305  
Anchorage, AK 99503  
Phone: (907) 269-6738  
Fax: (907) 269-6737  
Email: [awcac.clerk@alaska.gov](mailto:awcac.clerk@alaska.gov)  
Webpage: <https://labor.alaska.gov/wccomm>

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## SCHEDULE AND FILING TIMELINE FOR AN APPEAL

APPELLANT (Litigant who files an appeal)	ALASKA WORKERS' COMPENSATION APPEALS COMMISSION	APPELLEES (All litigants to Board case who did not file appeal)
File notice of appeal not later than <b>30 days</b> after Board decision date with \$50 filing fee <u>or</u> motion to excuse payment of filing fee and/or transcript cost.		Cross-appeal may be filed not later than <b>30 days</b> after Board decision date <u>or</u> not later than <b>15 days</b> after date shown in certificate of service, unless served by mail, <sup>1</sup> of notice of appeal, <u>whichever is later</u> . No filing fee.
	Upon receipt of complete notice of appeal, Chair assigns Commissioners.	
May file motion to disqualify a Commissioner not later than <b>10 days</b> after date shown in certificate of distribution, unless distributed by mail, of Commissioner assignments notice.		May file motion to disqualify a Commissioner not later than <b>10 days</b> after date shown in certificate of distribution, unless distributed by mail, of Commissioner assignments notice.
	Clerk issues notice to Board requesting record, hearing recordings not previously transcribed, and list of previously prepared hearing transcripts.	
	Hearing recordings not previously transcribed and list of previously prepared hearing transcripts due not later than <b>15 days</b> after date shown in certificate of distribution, unless distributed by mail, of Clerk's notice. Clerk issues notice of hearing recordings and transcripts.	
Designation of Board hearing recordings for transcription due not later than <b>10 days</b> after date shown in certificate of distribution, unless distributed by mail, of Clerk's Notice of Board Hearings.		May file not later than <b>10 days</b> after date shown in certificate of service, unless served by mail, of appellant's designation, a designation of essential Board hearing recordings not designated by appellant.
Contact Clerk to coordinate transcript preparation not later than <b>10 days</b> after date shown in certificate of service, unless served by mail, of appellee's designation for transcription, or after due date for appellee's designation has passed.	Clerk provides designated hearing recordings to transcriptionist and notifies litigants of date transcripts are due.	
	Board record due not later than <b>45 days</b> after date shown in certificate of distribution, unless distributed by mail, of Clerk's notice to the Board.	
	Upon receipt of record and transcripts, Chair issues Notice and Instructions to File Briefs.	
Appellant's opening brief and excerpt of record due not later than <b>30 days</b> after date shown in certificate of distribution, unless distributed by mail, of Brief Notice. Extensions will change due date.		Responsive brief to appellant's opening brief and excerpt of record due not later than <b>30 days</b> after date shown in certificate of service, unless served by mail, of appellant's brief. Extensions will change due date.
Reply brief to appellee's responsive brief may be filed not later than <b>20 days</b> after date shown in certificate of service, unless served by mail, of appellee's brief. Extensions will change due date.		
Written request for oral argument may be filed not later than <b>10 days</b> after date on which last brief is filed or due to be filed.		Written request for oral argument may be filed not later than <b>10 days</b> after date on which last brief is filed or due to be filed.
	Appeal is decided based on record, transcripts, briefs, and oral argument (if held); has <b>90 days</b> to issue its decision.	

<sup>1</sup> In the event a document is served or distributed by mail, three calendar days are added to the prescribed time period, 8 AAC 57.055 and 8 AAC 57.057(a).

## **INSTRUCTIONS FOR SELF-REPRESENTED APPELLANTS**

To appeal a final decision from the Alaska Workers' Compensation Board to the  
Alaska Workers' Compensation Appeals Commission

### **INTRODUCTION**

If you believe the Alaska Workers' Compensation Board (Board) made mistakes when it decided a workers' compensation claim or petition to which you were a party, you have the right to appeal the Board's final decision to the Alaska Workers' Compensation Appeals Commission (Commission).

The laws that govern the Commission and appeal procedures are in the Alaska Workers' Compensation Act (AS 23.30.001 - .395) and the Commission's regulations in the Alaska Administrative Code (8 AAC 57.010 - .990).

The Alaska Statutes are at <http://www.legis.state.ak.us/basis/folio.asp>.

The Commission's regulations are at <http://www.labor.alaska.gov/wccomm>; select "Appeal Procedures."

Information may be found in the Alaska Supreme Court cases cited in the decision. The cases are available at <http://government.westlaw.com/akcases>.

Appeals may involve complicated legal procedures or complex legal issues. You should consider consulting an attorney if you want to appeal; however, you are not required to be represented by an attorney in order to do so.

Before you appeal, please read the information that follows about the Commission and the appeal process. If you have questions, contact the Commission Clerk at:

Alaska Workers' Compensation Appeals Commission  
3301 Eagle Street, Suite 305  
Anchorage, AK 99503  
Telephone: (907) 269-6738  
E-mail: [awcac.clerk@alaska.gov](mailto:awcac.clerk@alaska.gov)

## I. ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

**A. What is the Commission?** The Commission is an agency in the Alaska Department of Labor and Workforce Development that hears appeals of the Board's final decisions. The Commission has 5 members (Commissioners), 3 of whom are assigned to each panel that decides an appeal. All Commissioners, including the Chair, are appointed by the Governor and confirmed by the Alaska Legislature.

Two Commissioners, because of their backgrounds and employment, are considered employee representatives. They must have served on the Board for at least 18 months before being appointed to the Commission. One employee representative is assigned to each panel.

Two Commissioners, because of their backgrounds and employment, are considered employer representatives. They must have served on the Board for at least 18 months before being appointed to the Commission. One employer representative is assigned to each panel.

The third Commissioner assigned to each panel is the Commission Chair, an attorney who has engaged in the active practice of law for at least five years in Alaska, with experience in Alaska workers' compensation law.

All Commissioners on a panel have equal votes in deciding an appeal; the Chair does not tell the other Commissioners how to vote.

**B. Commission Staff.** The Commission staff may explain procedures, regulations, records, and forms. The staff cannot give legal advice or predict what the Commission will do, and cannot advise a party:

- what to say in an appeal;
- whether a particular case or statute applies in an appeal;
- whether a document the party prepared is going to persuade the Commission to rule in the party's favor; or
- to choose 1 procedure as the best to accomplish the party's objective if more than 1 procedure is available.

The Commission staff may advise a party:

- where to find a case or statute and how to cite it;
- how to prepare a document so the format is correct; or
- what procedures are available and what each requires.

**C. Appeals to the Commission.** An appeal to the Commission is a review of the Board's final decision; it is not a new Board hearing. **Note:** In an appeal, the Commission cannot accept any new evidence regarding the claim or petition decided by the Board. The only information the Commission will consider in an appeal is:

1. The transcripts (typed text of what was said) of Board hearings;

2. Any items offered as evidence at the Board hearing;
3. The documents and depositions in the Board file;
4. Legal briefs filed in the appeal; and
5. Oral argument, if held.

## II. DEFINITIONS

- A. Appellant.** The party that begins an appeal.
- B. Appellee.** One of the other parties to the Board proceeding who did not begin an appeal.
- C. Brief.** A document that states a party's legal arguments.
- D. Days.** A day is a calendar day and ends at 5:00 p.m., Alaska time. When counting days, include Saturday, Sunday, and legal holidays. Start counting the day following the triggering event. For example, an appeal must be filed not later than 30 days after the date the final decision was issued by the Board (date on the first page of the decision). If the Board issued its decision on September 2, count September 3 as day 1 of the 30 days. If the last day falls on a Saturday, Sunday, or legal holiday, the last day of the time period is the next day that is not a Saturday, Sunday, or legal holiday. *See* 8 AAC 57.060.
- E. Filing.** A document is filed with the Commission by faxing, mailing, emailing, or delivering it to the Commission, and is considered filed on the day it is received by the Commission, not on the day it is mailed. Documents received after 5:00 p.m., Alaska time, will be considered filed the next day that is not a Saturday, Sunday, or legal holiday. *See* 8 AAC 57.040(a) and (c); 8 AAC 57.050(a) – (f).
- F. Motion.** A request for specific action by the Chair or Commission. For example, a party requests an extension of time to file a document. *See* 8 AAC 57.090 and 8 AAC 57.210.
- G. Party.** An individual, company, or organization that participates in an appeal.
- H. Service.** Every document filed with the Commission must be sent to each of the other parties. If a party is represented by an attorney, serve the attorney instead of the party. Service means delivering or mailing a copy of the document to each of the other parties on the same day the document is filed with the Commission or, if a party being served has given consent, by faxing or emailing a copy of the document to the party on the same day. *See* 8 AAC 57.040 and 8 AAC 57.050. If an appellee filed a notice of nonparticipation, service on that non-participating appellee is not necessary. *See* 8 AAC 57.040(b)(1).

**Note:** Proof that each of the other parties was served on the same day must be shown on the document being filed or in a separate document filed simultaneously. *See* 8 AAC 57.040(h). The forms the Commission provides include a Certificate of Service that, if completed, satisfies the proof of service requirement. An example of

appears below. The party serving the document fills in the identities of the parties being served, the date served, the method of service, and signs the certificate.

**Note:** If a party is represented by an attorney, the document must be served on the party's attorney. See 8 AAC 57.040(e). If a party is an agency of the State of Alaska, you must send a copy of the document to the Attorney General in Juneau and to the Assistant Attorney General who appeared in the Board proceeding. When the Assistant Attorney General has filed an entry of appearance, the Attorney General in Juneau no longer needs to be served.

CERTIFICATE OF SERVICE		
I certify that on _____ (date) this Notice of Appeal and Statement of Grounds were <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the Alaska Workers' Compensation Appeals Commission, <b>and</b> on this same date a complete copy of this document was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)		
<input checked="" type="checkbox"/> <b>Required:</b> Director, Alaska Workers' Compensation Division P.O. Box 115512 Juneau, AK 99811	<input type="checkbox"/> <b>If opposing party is a State agency:</b> Attorney General's Office P.O. Box 110300 Juneau, AK 99811-0300	<input type="checkbox"/> Opposing party <b>or</b> party's attorney:
_____ <i>Print name of person who served document</i>		_____ <i>Signature of person who served document</i>

1. **Consent to Service by Fax and/or Email.** Service of documents on opposing parties must be by mail or hand delivery, unless the party being served has filed a notice of consent to service by fax and/or email. If you wish to be served by fax or email, you must file and serve AWCAC Form 09, Consent to Service by Fax and/or Email. Complete the form by:
  - a. Filling in the caption information as it is shown on the Notice of Appeal.
  - b. In the first paragraph, print your name and check the box for Appellant.
  - c. Provide a fax number and/or email address at which you can be served.
  - d. Sign, date, and provide a mailing address and telephone number.
  - e. Fill out the Certificate of Service at the bottom of the form by:
    - 1) Filling in the date the document is served.
    - 2) Checking the box for either mailed, faxed, emailed, or hand delivered to the Commission.
    - 3) Checking the box for either mailed, faxed, emailed, or hand delivered to the other parties.
    - 4) Checking the box for opposing party and filling in the name and address (if served by mail or hand delivery), name and fax number (if served by fax), or name and email address (if served by email).
    - 5) Print name and sign.

2. **Change of Contact Information.** It is your responsibility to inform the Commission and opposing parties of any change in your mailing address, telephone number, fax number, or email address. You may file and serve AWCAC Form 25, Change of Contact Information.

### III. FILING AN APPEAL

**A. Who May File an Appeal.** If you believe the Board made mistakes in its final decision, you may file an appeal.

**B. When an Appeal May Be Filed.**

1. An appeal may be filed only after all Board proceedings, including a petition for reconsideration filed with the Board, have been completed and the Board has issued a final decision.
2. You must file the Notice of Appeal with the Commission not later than 30 days after the date the final Board decision was issued. See AS 23.30.127 and 8 AAC 57.070(a). The 30-day period begins the day after the Board issued the decision.
3. If a party timely filed a petition for reconsideration with the Board, the 30-day period for filing a Notice of Appeal does not begin until the day after the Board issues its decision on reconsideration or the day after the time expires for the Board to act on the petition, whichever is earlier. If the Board is going to act on the petition for reconsideration, it must act not later than 30 days after the day the original final decision was issued.

If the time expires for the Board to act on the petition, it is considered denied due to the absence of any action. A Notice of Appeal must be filed not later than 30 days after the date the petition for reconsideration was considered denied. Contact the Clerk if you have questions about calculating the time you have to file an appeal.

4. If you want to file a Notice of Appeal after the 30-day period for filing, you must also file and serve a motion requesting the Commission extend the time period for you to file your appeal. See 8 AAC 57.140(h). You may file and serve AWCAC Form 02, Motion for Extension of Time to File Notice of Appeal. Your motion must state why your appeal is late and you may need to file evidence to support your motion. The Commission may or may not grant the motion.

**C. How to File an Appeal.** To file an appeal, do the following:

1. File a Notice of Appeal. See AS 23.30.127(a) and (b), and 8 AAC 57.070. You may use AWCAC Form 03, Notice of Appeal and Statement of Grounds for Appeal, or write your own. The Notice of Appeal must:
  - a. Identify the Board decision(s) being appealed by the decision number(s) and have copies of the decision(s) attached. **Note:** If you have more than 1 case before the Board and the Board joined the cases before it issued its final



decision, you must list all the joined case numbers on your Notice of Appeal so that the record on appeal is complete.

- b. Statement of Grounds for Appeal. Here you state the issues or reasons why you believe the Board erred in its decision. You may use AWCAC Form 03, Notice of Appeal and Statement of Grounds for Appeal, and you may attach more pages if needed. Briefly list the issues or reasons in your Statement of Grounds for Appeal. Later in the appeal process, when you write your brief, you will discuss and present your arguments in more detail for each reason or issue you listed in your Statement of Grounds for Appeal;
  - c. State your name, address, telephone number, fax number, and email address;
  - d. State the names, addresses, telephone numbers, fax numbers, and email addresses of each of the other parties to the Board proceeding and the names, addresses, telephone numbers, fax numbers and email addresses of each attorney known to be representing a party; and
  - e. Show proof of service on all parties to the Board proceeding and the Director of the Division of Workers' Compensation, P.O. Box 115512, Juneau, AK 99811-5512, on the same day. **The Notice of Appeal and Statement of Grounds for Appeal are the only documents you must serve on the Director in your appeal. Serve future documents only on the attorney for the other party.**
2. If a party is an agency of the State of Alaska, you must also serve:
    - a. the Attorney General of Alaska, P.O. Box 110300, Juneau, AK 99811-0300; **and**
    - b. the Assistant Attorney General who represented the State of Alaska in the Board proceeding.
  3. Filing Fee. You must either:
    - a. Pay a \$50 filing fee by money order, certified check, or cashier's check made payable to the State of Alaska; or
    - b. If you cannot afford to pay the filing fee, you must file and serve AWCAC Form 07, Motion to be Excused from Payment of Filing Fee and/or Transcript Cost, **and** AWCAC Form 01, Financial Statement Affidavit, with your Notice of Appeal. *See* 8 AAC 57.070(d) and 8 AAC 57.090.
  4. Exemption from Transcript Cost. A transcript is a typewritten document that tracks word-for-word the testimony recorded during a Board hearing. As the appellant, you are required to pay the cost of transcribing the parties' designated Board hearing recordings that have not been previously transcribed. *See* 8 AAC 57.120(I). If you cannot afford to pay the transcript cost, you must file and serve AWCAC Form 07, Motion to be Excused from Payment of Filing Fee

and/or Transcript Cost, **and** AWCAC Form 01, Financial Statement Affidavit, with your Notice of Appeal.

You may contact the Clerk to get an estimate of the transcript cost to help you decide if you can afford to pay the transcript cost. Transcript costs are based on the length of time of a Board hearing.

5. Docket Notice. If your Notice of Appeal does not include all required items, the Clerk will send to all parties a Docket Notice listing the missing required items and giving you time to file them.

#### **IV. AFTER YOUR APPEAL IS FILED**

**A. Assignment of Commissioners.** After you have filed a complete Notice of Appeal, the Chair will issue a notice identifying the Commissioners assigned to your appeal. If you believe a Commissioner assigned to your appeal, including the Chair, should be disqualified from deciding your appeal for a reason stated in AS 23.30.007(l) due to a potential conflict of interest or an inability to be fair and impartial, you should file and serve a motion to remove and replace that Commissioner not later than 10 days after the date in the Certificate of Distribution, unless distributed by mail,<sup>2</sup> of the Notice of Commissioner Assignments. See 8 AAC 57.080(c). You may use AWCAC Form 12, Motion/Request.

**B. Docket Notice.** After you have filed a complete Notice of Appeal, the Clerk will send to all parties, the Board's Appeals Clerk, and the Director of the Division of Workers' Compensation, a Docket Notice requesting the Board's Appeals Clerk transfer to the Commission

1. all Board hearing recordings not previously transcribed and a list of all Board hearing recordings previously transcribed, not later than 15 days from the date in the Certificate of Distribution of the Docket Notice; and
2. the entire Board file, not later than 45 days from the date in the Certificate of Distribution of the Docket Notice.

**NOTE:** If appellee files a Notice of Cross-Appeal, the Clerk will send to all parties a Docket Notice notifying them of the cross-appeal. The case will retain the same appeal number and the case caption will be changed to reflect the cross-appeal.

**C. Designation of Board Hearing Recordings for Transcription.** After the Clerk receives the Board hearing recordings not previously transcribed and list of Board hearing recordings previously transcribed, the Clerk will issue a notice to all parties with instructions for filing designations for transcription. The notice will identify which Board hearing recordings have been previously transcribed and which Board hearing recordings have not been previously transcribed. See 8 AAC 57.120(a). Not

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<sup>2</sup> In the event a document is served or distributed by mail, three calendar days are added to the prescribed time period, 8 AAC 57.055 and 8 AAC 57.057(a).

later than 10 days after the date in the Certificate of Distribution, unless distributed by mail, of the notice, you must file and serve a designation for transcription of all Board hearing recordings that have not been previously transcribed that are essential to consideration of the issues in your appeal. *See* 8 AAC 57.120(b). You may use AWCAC Form 11, Designation of Hearing Recordings for Transcription.

Not later than 10 days after the date in the Certificate of Service, unless served by mail, of your designation for transcription, appellee may file a designation for transcription of Board hearing recordings not previously transcribed, and that you did not designate, that are essential to consideration of the issues on appeal.

You, as appellant, must pay to have the designated Board hearing recordings transcribed, *see* 8 AAC 57.120(i), unless the Commission grants your motion to be excused from payment of the transcript cost. If the Commission grants your motion, the Commission will pay for the transcripts.

If the Commission rules that you can afford to pay the transcript cost and the time has expired for all designations for transcription to be filed, then you must 1) select a transcriptionist and make payment arrangements for preparation of the transcripts, and 2) contact the Clerk with the transcriptionist's name so the Clerk can send the designated Board hearing recordings to the transcriptionist. *See* 8 AAC 57.120(d).

- D. Preparation of the Board Record.** The record on appeal consists of the entire Board file, including all papers, exhibits, depositions, electronic records, electronic mail messages, records of walk-in and telephonic communications with claimants relied upon by the Board, and transcripts of Board hearing recordings previously transcribed. *See* 8 AAC 57.110(a). The Board's Appeals Clerk may combine all the records of your Board cases if the Board joined the cases before you filed your appeal.

Transfer of the Board Record. The Commission Clerk and the Board's Appeals Clerk coordinate the transfer of the record on appeal from the Board to the Commission. *See* AAC 57.110(b) and (c). The Board's Appeals Clerk numbers the pages of the entire Board file and transfers a CD of the PDF copy of the entire Board file to the Commission. *See* 8 AAC 57.110(d)(1). If you would like a copy of the numbered file for your own use, you may request a CD copy from the Commission.

- E. Briefing Schedule, Brief Format and Content, and Excerpt of Record.** When the appeal is ready for written briefs to be filed, the Chair will issue a notice of the briefing schedule. You must file your brief within the time limit set or your appeal may be dismissed.

If you cannot file your brief on time, you may file and serve a motion requesting an extension of time not later than the date your brief is due. *See* 8 AAC 57.140. You may use AWCAC Form 13, Motion for Routine Extension of Time, to request an extension of time of not more than 30 days. Oppositions to motions for routine extensions of time are not permitted.

To request an extension of time for more than 30 days, you may use AWCAC Form 14, Motion for Extension of Time. The opposing parties will have 10 days from the date in the Certificate of Service, unless mailed, of your motion to file an opposition if they wish to do so. The Commission will issue an order on your motion after the other parties have filed an opposition or the due date has passed.

Along with your brief, you must prepare an excerpt of record. *See* 8 AAC 57.170. An excerpt of record contains copies of those documents in the record on appeal that you think the Commission should review in order to decide your appeal.

Your opening brief raises all the issues the Commission should decide and makes all the arguments you think the Commission should consider. If an issue is not raised or adequately argued, the Commission may not decide that issue even if you listed it in your Statement of Grounds for Appeal.

1. Brief Format. A brief must:

- a. be in clear and legible black typeface or hand printing in black ink;
- b. be in 12- or 13-point font size;
- c. be double-spaced;
- d. be on white paper eight and one-half inches wide and 11 inches long;
- e. have one-inch margins all around;
- f. have footers and footnotes that are single-spaced; the footers and footnotes may be typed in a smaller font, but not smaller than 10-point;
- g. if longer than one page, have pages numbered consecutively; and
- h. include proof of service on the other parties.

2. Brief Contents. Your brief is limited to 50 pages (not including the cover sheet) and must include:

- a. The first page must state your name, current mailing address, telephone number, email address or fax number, Commission case number, Board decision number, Board case number, and the title of the document. You may use AWCAC Form 16, Appellant's Opening Brief Cover Sheet;
- b. A statement of the issues presented for review;
- c. A statement or summary of the facts;
- d. A brief description of the proceedings before the Board;
- e. A statement of the applicable standard of review. The standards for Commission review are in AS 23.30.128(b). Please refer to other legal authority if you are asking the Commission to use a different standard of review than those in AS 23.30.128(b);
- f. A section discussing your arguments, explaining the errors the Board made;

- g. A short conclusion stating what you would like the Commission to do to resolve your appeal; and
- h. References to documents in the record or your excerpt of record that support each fact in your brief.

Following are examples of the different sections of an appellant's opening brief. These examples are in AWCAC Form 17, Sections of an Appellant's Opening Brief, which you may use to file your brief.

#### Statement of Issues for Review

Here you list the important legal issues or questions that the Commission needs to decide in your appeal. You should look at your Statement of Grounds for Appeal that you filed with your Notice of Appeal, and think carefully about the questions you want the Commission to decide. Some of them you may decide you do not need to argue after all. Some may be combined into 1 issue.

Use 1 or 2 short sentences for each issue or question. Only include issues that the Commission can decide. List them in the order you discuss them in your argument, and state the issues in terms of how the Board made mistakes.

For example, "The Board made a mistake when it decided that \_\_\_\_\_." Another example could be, "Did the Board have substantial evidence when it decided \_\_\_\_\_?"

#### Summary of the Facts

In this section, tell what happened before the claim was filed. State only the important facts about the claim that the Commission should know to be able to decide the appeal. Put the facts in chronological order, starting from the event that led to filing a claim or petition.

Every important fact must be cited to a page in the record, excerpt of record, transcript from the Board's hearing, or a deposition. The Commissioners must be able to check whether a factual assertion is accurate. The Commission cannot receive new evidence to decide an appeal, so the facts must be in the Board record, in depositions filed with the Board, or testified to in hearing. A fact summary might start like this:

John Smith began work for ABC Corporation in 2005 (R. 001). He was injured on July 8, 2007 (Exc. 12). On March 10, 2009, Dr. Jones' medical report stated that Mr. Smith was injured at work (Hr'g Tr. at 22). On November 2, 2009, Dr. Thomas' medical report stated that Mr. Smith's work injury was not the cause of the need for medical treatment (R. 2904). On January 4, 2010,

Dr. Thomas stated in deposition that his opinion has not changed (Thomas Dep. at 44).

The fact citations in parentheses tell the Commissioners that on page 1 of the Board's record, a document shows appellant was an employee of ABC Corporation. On page 12 of the excerpt, a document (such as a Report of Injury) shows Mr. Smith was injured on July 8, 2007. On page 22 of the Board hearing transcript, someone testified at the Board hearing that Dr. Jones' medical report found that Mr. Smith was injured at work. Page 2904 of the Board's record is Dr. Thomas' medical report. On page 44 of Dr. Thomas's deposition transcript, he stated that his opinion has not changed.

- R. means the record page number.
- Exc. means the excerpt page number.
- Tr. means the page number of the Board hearing transcript.
- Dep. means the page number of the deposition transcript.

#### Summary of Board Proceedings

Summarize what happened procedurally at the Board and what the Board decided. This means you describe:

1. the important documents that the parties filed;
2. relevant hearings and prehearing conferences; and
3. decisions and orders the Board made in your case.

You do not need to describe every claim, petition, and hearing that has happened in your case. Only describe the important proceedings and those relevant to the issues on appeal now. For example, if you are appealing the Board's decision on a claim for permanent partial impairment (PPI) compensation, state when the claim was filed and discuss any prehearing orders that were important in how the PPI claim was presented at the Board hearing. State what the Board decided on the PPI claim. Be sure you cite to the pages in the Board record (R. 00X) or your excerpt (Exc. 00X) where important documents can be found.

#### Standard of Review

The Commission's standard of review is set by statute, AS 23.30.128(b), which states:

The commission may review discretionary actions, findings of fact, and conclusions of law by the board in hearing, determining, or otherwise acting on a compensation claim or petition. The board's findings regarding the credibility of testimony of a witness before the board are binding on the commission. The board's findings of fact shall be upheld by the commission if supported by substantial evidence in light

of the whole record. In reviewing questions of law and procedure, the commission shall exercise its independent judgment.

If you want the Commission to use a different standard, you must explain why and what standard it should apply. Otherwise, if the statutory standard is appropriate, you may omit this section or just write: "The Commission's standard of review is found in AS 23.30.128(b)."

### Argument

The argument is where you explain

- how the Board made a mistake in deciding your case; and
- why the mistake the Board made is so significant that the Commission should not uphold the Board's decision.

Remember that when you filed your Notice of Appeal, you stated the points or grounds on appeal. The argument section should address each point on appeal or the Commission will consider that you have abandoned that point. For each issue, tell the Commission your idea of how the Board made the wrong decision. Sometimes the way to show how the Board made a mistake is to describe the law, and then show where the Board failed to follow the law. Sometimes the Board saw the law, but the logic of their reasoning in applying it is flawed. Sometimes the Board relies on evidence that does not support the decision.

Whatever is wrong, you must show why it is so significant that it would make a difference in the outcome. Explain why the Board's mistake is so important that the error should cause the Commission to reverse the Board's decision. Use plain language to explain your arguments.

Keep in mind that if the Board decision contains a decision about credibility of a witness that appeared before the Board, the Board's decision on credibility is binding on the Commission. The Board gets to choose if it believes a witness's testimony because the Board sees and/or hears the witness, not the Commission. You may disagree, but asserting that the Board made a mistake because it believed opposing testimony by a witness that appeared before the Board is a very difficult argument.

Use headings to help the Commissioners understand what you are discussing. Set off each issue with a heading similar to a chapter title that describes the arguments that will follow. If possible, follow the order you used in the Statement of Issues section of your brief.

For every statement of law you make in the brief, try to cite to a court case, statute, regulation, or legal treatise that supports your statement.

## Conclusion

Summarize what your position is very briefly. Then, tell the Commission what you want it to do. For example, you may ask the Commission to REVERSE the Board's decision, to VACATE (invalidate) the decision and REMAND (send the case back) to the Board to allow more evidence or rehear the case, or MODIFY the Board's decision. Do not ask the Commission to do what the Commission does not have the power to do, such as award you benefits or order the employer to rehire you. Sign and date the brief, and, if you had an assistant to help you, verify that you read and understood the brief, and that it is your brief.

### 2. Citation Guidelines.

- a. In your brief, you must provide citations to the record, excerpt of record, hearing transcript, or deposition transcript for every factual assertion you make in your brief.
  1. If citing to a document in the Board record, cite it in the brief with R. (for record) and the page number. Example: R. 348.
  2. If citing to a document in your excerpt of record, cite it in the brief with Exc. (for excerpt) and the page number. Example: Exc. 49.
  3. If citing to a hearing transcript, cite it in the brief with Tr. (for transcript) and the page number. Example: Tr. at 27.
  4. If citing to a deposition transcript, cite it in the brief with the deponent's last name, Dep. (for deposition), and the page number. Example: Smith Dep. at 74.
- b. Citations to legal authority can appear in the body of your brief or in footnotes. The Commission does not expect self-represented parties to be able to use "The Bluebook – A Uniform System of Citation" which is the standard method of citation in legal writing. However, you must identify the legal authority you are referring to in your brief so that the Commission can locate and review that legal authority in the process of deciding the appeal.

For Alaska Supreme Court cases, use the name of the case in italics (or underlined), volume number, abbreviation for the reporter series, the page the case begins on, the page where the quote is located, and in parentheses, Alaska and year. A cite to an Alaska Supreme Court case could look like this:

<u>Temple v. Denali Princess Lodge</u>	21	P.	3d	813,	815	(Alaska 2001)
<small><i>name of case</i></small>	<small>volume</small>	<small>Reporter (Pacific)</small>	<small>series</small>	<small>first page</small>	<small>page quoted</small>	<small>state      year</small>



The citation would be written out as: *Temple v. Denali Princess Lodge*, 21 P.3d 813, 815 (Alaska 2001).

Board and Commission cases are cited by name, decision number, page quoted, and decision date:

Board: *Abdul Adepoju v. Fred Meyer Stores, Inc.*, Alaska Workers' Comp. Bd. Dec. No. 05-0177 at 2 (Jul. 5, 2005).

Commission: *Adepoju v. Fred Meyer Stores, Inc.*, Alaska Workers' Comp. App. Comm'n Dec. No. 010 at 3 (May 11, 2006).

After you cite a case once in long form, you may use a short form, such as:

*Temple*, 21 P.3d at 815.

*Abdul Adepoju*, Bd. Dec. No. 05-0177 at 2.

*Adepoju*, App. Comm'n Dec. No. 010 at 3.

Cases may be found online at:

Alaska Supreme Court cases: <http://government.westlaw.com/akcases>.

Commission decisions: <http://www.labor.alaska.gov/wccomm/orders.htm>.

Board decisions: <http://www.labor.alaska.gov/wc/legaldir.htm>; however, you may need to call the Board for help navigating to a specific decision.

Alaska Statutes (AS) are followed by the number of the title, the chapter, and the section, separated by periods, such as AS 23.30.120. Paragraphs and subparagraphs are separated by parentheses, such as AS 23.30.041(n)(1).

The Alaska Administrative Code (AAC) is preceded by the number of the title and followed by the chapter and section, separated by a period, such as 8 AAC 57.090. Paragraphs and subparagraphs are separated by parentheses, such as 8 AAC 45.074(b)(1).

<http://www.legis.state.ak.us/basis/folio.asp> has links to statutes and regulations.

Commission regulations are at <http://www.labor.alaska.gov/wccomm>; select Appeal Procedures.

3. Excerpt of Record. You must prepare an excerpt of record and include copies of the following; *see* content requirements at 8 AAC 57.180:
  - a. The claim or petition that started the case;
  - b. The decisions or orders you are appealing;
  - c. If you are challenging the admission or exclusion of evidence or an oral ruling or order, a copy of the transcript pages showing the Board's discussion and ruling on the evidence and objections; and,

- d. True and correct copies of documents in the Board record that you refer to in your brief to support your arguments.

Do not include copies of statutes, regulations, or cases. The Commission will locate and review the statutes, regulations, or cases that you refer to in your brief.

Remember, you cannot introduce new evidence in an appeal. Do not include anything in your excerpt of record that was not in the Board record at the time the Board proceeding was concluded.

4. Preparing an Excerpt of Record. To prepare your excerpt of record:
  - a. Prepare AWCAC Form 21, Excerpt of Record Cover Sheet.
  - b. Put Exc. and page numbers at the bottom of each page, starting with "Exc. 1" and number them in a single series to the end of your excerpt of record.
  - c. Prepare AWCAC Form 22, Excerpt of Record Index, and list the title of each document, the date it was signed or made, and the page number of the excerpt of record on which it begins. Do not number the pages of the index. Put the index on top of the other documents.
  - d. Put your Excerpt of Record Cover Sheet on top of your Excerpt of Record Index and file all these documents together as 1 document, separate from your brief.
  - e. **You must file the original and 3 copies of your brief, and the original and 3 double-sided copies of your excerpt. 8 AAC 57.130(g).**
5. Service on Other Parties. You must serve a copy of both your brief and your excerpt of record on the other parties the same day you file them. Show proof of service by completing the Certificate of Service at the bottom of AWCAC Forms 16 and 21.
6. Reply Brief. You may file and serve a reply brief, or a notice that you will not be filing a reply brief, not later than 20 days after the date in the Certificate of Service, unless served by mail, of appellee's brief. See 8 AAC 57.130(d). A reply brief is limited to 20 pages and must include references to documents in your excerpt of record that support each fact in the reply brief. No new arguments can be raised in a reply brief, but you may respond to arguments raised by appellee that were not addressed in your first brief. An appellee files only 1 brief.

**F. Oral Argument.** Not later than 10 days after the date on which the reply brief is filed or due to be filed, or not later than 10 days after the notice that a reply brief will not be filed, any party may file a written request for oral argument. See 8 AAC 57.200(b). You may file and serve AWCAC Form 23, Request for Oral Argument; however, you do not need to request oral argument if appellee has already done so. If the request is timely filed, the Clerk will contact the Commission panel members and the parties to coordinate a date and time for oral argument.

At oral argument, each party presents their arguments and no new arguments are permitted. Oral argument is not a new Board hearing and no witnesses are called. Thirty minutes total is usually allowed for an appellant's opening and rebuttal arguments. Any time spent answering questions from the Commissioners will not be included in your time. The purpose of oral argument is not to read your brief to the Commissioners; it is better to point out what mistakes you believe the Board made in its decision and why it was mistaken.

If you cannot attend oral argument in person, you may request to participate by telephone or Zoom. Instructions for participation by telephone or Zoom will be included in the oral argument notice.

If you do not timely request oral argument, you must file and serve a motion for an extension of time explaining why your request for oral argument was late. *See* 8 AAC 57.140.

## V. DECISION

The Commission will decide the appeal based on the record, briefs and excerpts filed, and oral argument (if held). By statute, the Commission has 90 days to issue its decision. *See* AS 23.30.128(e). The Commission may:

- **AFFIRM** (approve) the Board's decision,
- **REMAND** (send the case back for additional action by the Board),
- **MODIFY** (change) the Board decision in some way,
- **REVERSE** the Board's decision, or
- **DISMISS** the appeal.

The Clerk will send copies of the decision to the parties, the Board's Appeals Clerk, and the Director of the Division of Workers' Compensation.

When you receive the Commission's decision, read the reconsideration and appeal procedures carefully for information about how to request the Commission to reconsider its decision, or how to appeal the decision to the Alaska Supreme Court. You may request reconsideration by the Commission or file an appeal to the Alaska Supreme Court not later than 30 days after the date of distribution of the decision. *See* AS 23.30.128(f) and 8 AAC 57.230.

If you wish to request the Commission reconsider its decision, you may file and serve AWCAC Form 27, Motion for Reconsideration.

The Commission may also dismiss an appeal for failure to prosecute or failure to follow an order of the Chair or Commission. *See* 8 AAC 57.250. If the Commission sends you a Notice of Default, read it carefully and act promptly to avoid dismissal of your appeal.

## VI. AWARD OF COSTS

If you win the appeal, you may file a motion for an award of costs not later than 10 days after the date of distribution of the decision. *See* AS 23.30.008(d) and 8 AAC 57.260. The costs you may request are:

1. Reimbursement of the filing fee;
2. The cost of preparing transcripts of Board hearings; and
3. The cost of copying and mailing motions, briefs, and excerpts.

You must serve copies of your motion for costs on the other parties, who will have 10 days to file an opposition. The Commission will then decide what costs to award and send all parties a copy of the order.

## VII. APPELLANT FORMS

Title	Number	Purpose
Financial Statement Affidavit	01	File with Form 07, Motion to be Excused from Payment of Filing Fee and/or Transcript Cost
Self-Represented Appellant's Motion for Extension of Time to File Notice of Appeal	02	Request more time to file a notice of appeal
Self-Represented Appellant's Notice of Appeal and Statement of Grounds for Appeal	03	Begin an appeal
Self-Represented Appellant's Motion to Amend Notice of Appeal and Statement of Grounds for Appeal	04	Add or change the grounds for the appeal
Self-Represented Appellant's Amended Notice of Appeal and Amended Statement of Grounds	05	Add or change the grounds for the appeal
Self-Represented Appellant's List of Parties to Appeal	06	List names, addresses, telephone numbers, and fax numbers of all parties and attorneys
Self-Represented Appellant's Motion to be Excused from Payment of Filing Fee and/or Transcript Cost	07	Request to be excused from payment of the filing fee and/or transcript cost
Self-Represented Litigant's Consent to Service by Fax and/or Email	09	Give consent to service of documents by fax or email
Self-Represented Litigant's Designation of Hearing Recordings for Transcription	11	List Board hearing recordings to be transcribed
Self-Represented Litigant's Motion/Request	12	Request the Chair or Commission to do a certain thing
Self-Represented Litigant's Motion for Routine Extension of Time	13	Request one automatically granted 30-day extension of time
Self-Represented Litigant's Motion for Extension of Time	14	Request an extension of time of more than 30 days
Self-Represented Litigant's Opposition to Motion	15	Oppose another litigant's motion
Self-Represented Appellant's Opening Brief Cover Sheet	16	File appellant's brief
Sections of an Appellant's Opening Brief	17	Examples for an appellant's opening brief
Self-Represented Appellant's Reply Brief	20	File appellant's reply brief
Self-Represented Litigant's Excerpt of Record Cover Sheet	21	File an excerpt of record
Self-Represented Litigant's Excerpt of Record Index	22	List documents in an excerpt of record
Self-Represented Litigant's Request for Oral Argument	23	Ask for oral argument before the Commission
Self-Represented Litigant's Show of Good Cause	24	Give reasons for not following an order of the Commission or Chair
Self-Represented Litigant's Change of Contact Information	25	Inform the Commission and other parties of new contact information
Self-Represented Litigant's Certificate of Service	26	Proof of service of documents on the other parties
Self-Represented Litigant's Motion for Reconsideration	27	Ask the Commission to reconsider its decision

# 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. \_\_\_\_\_

## **FINANCIAL STATEMENT AFFIDAVIT**

*(To be filed with a motion to be excused from payment of fees and costs under 8 AAC 57.090)*

**NOTICE:** The Commission may seek verification of the information you provide. Other government agencies may have the right to obtain the information provided on this form. (Attach more pages if needed.)

### **I. PERSONAL INFORMATION**

1. Last Name	First Name	Middle Initial	2. Social Security Number <i>(not mandatory; may be used to identify assets)</i>
3. Residence Address			
4. Mailing Address <i>(if different)</i>			
5. Telephone	6. Fax	7. Email	
8a. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			8b. How Long? _____
9a. Are you working now? <input type="checkbox"/> Yes <input type="checkbox"/> No		9b. If not, date last worked? _____	

### **II. LIST ALL EMPLOYERS FOR THE LAST 12 MONTHS**

1a. Present or Former Employer			
1b. Address & Telephone Number of Present or Former Employer			
1c. Job Title	1d. Salary	1e. Salary Per Hour/Week/Month	
From: _____	To: _____		
1f. Dates of Employment (month & year)		1g. Number of Hours Per Week	

2a. Present or Former Employer			
2b. Address & Telephone Number of Present or Former Employer			
2c. Job Title	2d. Salary	2e. Salary Per Hour/Week/Month	
From: _____	To: _____		
2f. Dates of Employment (month & year)		2g. Number of Hours Per Week	

**III. SPOUSE'S EMPLOYMENT**

1.Spouse's Name	2.Spouse's Present or Past Employer
From: _____ To: _____	
3.Spouse's Dates of Employment	4.Spouse's Salary
	5.Number of Hours Per Week

**IV. DEPENDENTS**

Name / Age / Relationship	Name / Age / Relationship
1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

**V. MONTHLY EXPENSES**

A. Expense	B. Your Share of Monthly Payment	C. Balance Owed	D. Amount Past Due
1. Housing: Rent/Mortgage	_____	_____	_____
2. Utilities: Gas/Electric/Water/Garbage	_____	_____	_____
3. Telephone	_____	_____	_____
4. Food	_____	_____	_____
5. Transportation: Gas/Bus	_____	_____	_____
6. Car Payment	_____	_____	_____
7. Insurance	_____	_____	_____
8. Child/Spousal Support	_____	_____	_____
9. Loans/Credit Cards (List):			
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____
e. _____	_____	_____	_____
10. Medical ( <i>not covered by insurance</i> )	_____	_____	_____
11. Child Care	_____	_____	_____
12. IRS Back Taxes	_____	_____	_____
13. Debts (List):			
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____
e. _____	_____	_____	_____
14. <b>TOTALS:</b>	_____	_____	_____

**VI. INCOME INFORMATION**

1. Number of Permanent Fund Dividend checks received by your immediate family within the past year: \_\_\_\_\_
2. Your total net income (*after taxes, but before other deductions*) in the past 12 months: \_\_\_\_\_
3. Your spouse's total net income (*after taxes, but before other deductions*) in the past 12 months: \_\_\_\_\_
4. Any money you expect to receive in the next 6 months (*e.g. settlements, annuities*): \_\_\_\_\_
5. Are you a seasonal employee?  No  Yes      If yes, specify: \_\_\_\_\_
6. Your total NET monthly income from:      7. Your spouse's total NET monthly income from:
  - a. Wages: \_\_\_\_\_
  - b. Public Assistance: \_\_\_\_\_
  - c. Unemployment: \_\_\_\_\_
  - d. Other: \_\_\_\_\_

Explain Other: \_\_\_\_\_ Explain Other: \_\_\_\_\_

**VII. FAMILY ASSETS** (*things you own or are buying*)

A. Family Assets	B. Value	C. Balance Owed	D. Commission Use ONLY
1. Cash	_____	_____	_____
2. Bank Account – Checking	_____	_____	_____
3. Bank Account – Savings	_____	_____	_____
4. Securities	_____	_____	_____
5. Pension Plans/Annuities	_____	_____	_____
6. Life Insurance ( <i>cash value/dividends</i> )	_____	_____	_____
7. Land, Homes, Trailers	_____	_____	_____
8. Home Furnishings	_____	_____	_____
9. TV, Stereo, VCR/DVD, Computer	_____	_____	_____
10. Vehicles	_____	_____	_____
11. Snow Machines, Boats, ATVs, Motorcycles, Airplanes	_____	_____	_____
12. Jewelry, Precious Metals/Stones	_____	_____	_____
13. Furs	_____	_____	_____
14. Collections ( <i>coins, ivory, etc.</i> )	_____	_____	_____
15. Tools and Guns	_____	_____	_____
16. Sports Equipment	_____	_____	_____
17. Fishing Gear	_____	_____	_____
18. Limited Entry Permit(s)	_____	_____	_____
19. Businesses	_____	_____	_____
20. Other:	_____	_____	_____
21. <b>TOTALS:</b>	_____	_____	_____
22. Specify any of the above you need to earn your living and explain why:	_____		



**VIII. OATH OR AFFIRMATION**

**DO NOT SIGN THIS AFFIDAVIT UNTIL YOUR SIGNATURE CAN BE WITNESSED BY A NOTARY PUBLIC.**

**NOTICE:** A false statement is punishable under Alaska law.

I, \_\_\_\_\_, declare under oath, or I affirm,  
 (appellant's printed name)  
**that my Financial Statement is true and complete.**

\_\_\_\_\_  
 (date)

\_\_\_\_\_  
 (signature of appellant OR parent of appellant under 18)

Subscribed and sworn to, or affirmed, before me on \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_, Alaska.

(SEAL)

\_\_\_\_\_  
 Notary Public

My Commission Expires: \_\_\_\_\_

**IX. FINANCIAL SUMMARY (for Commission use ONLY)**

1. Total family income for the past 12 months: \_\_\_\_\_
2. Total assets (equity): \_\_\_\_\_
3. Total assets (cash): \_\_\_\_\_
4. Total debts: \_\_\_\_\_
5. Total family income each month: \_\_\_\_\_
6. Total family expenses each month: \_\_\_\_\_
7. Amount behind: \_\_\_\_\_
8. Total discretionary income each month: \_\_\_\_\_
9. I recommend that this request be:  Denied  Approved
10. Reasons: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Commission Chair

\_\_\_\_\_  
 Date

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (date) this Financial Statement Affidavit was  mailed,  faxed,  emailed, or  hand delivered to the Alaska Workers' Compensation Appeals Commission, **and** on the same date a complete copy of this document was  mailed,  faxed,  emailed, or  hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)

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

\_\_\_\_\_  
 Print name of person who served document

\_\_\_\_\_  
 Signature of person who served document

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. \_\_\_\_\_

**SELF-REPRESENTED APPELLANT'S MOTION FOR EXTENSION OF TIME TO FILE  
 NOTICE OF APPEAL**

I, \_\_\_\_\_, am the Appellant. I request the Commission grant me an extension of time of \_\_\_\_\_ days to file my Notice of Appeal. I was late in filing my Notice of Appeal for the following reasons: \_\_\_\_\_

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

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

This form is being filed not later than 30 days after the date of the Alaska Workers' Compensation Board's decision.

\_\_\_\_\_  
 Signature Date

This form is being filed \_\_\_\_\_ days after the date of the Alaska Workers' Compensation Board's decision. My Notice of Appeal and Statement of Grounds for Appeal are attached.

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Telephone Number Fax Number and/or E-mail

CERTIFICATE OF SERVICE		
I certify that on _____ (date) this Motion for Extension of Time to File Notice of Appeal was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the Alaska Workers' Compensation Appeals Commission, <b>and</b> on the same date a complete copy of this document was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)		
<input checked="" type="checkbox"/> <b>Required:</b> Director, Alaska Workers' Compensation Division P.O. Box 115512 Juneau, AK 99811	<input type="checkbox"/> <b>If opposing party is a State agency:</b> Attorney General's Office P.O. Box 110300 Juneau, AK 99811-0300	<input type="checkbox"/> Opposing party <b>or</b> party's attorney (if represented): _____ _____
_____ Print name of person who served document		_____ Signature of person who served document

**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. \_\_\_\_\_

**SELF-REPRESENTED APPELLANT'S NOTICE OF APPEAL**

**Please take notice** that I, \_\_\_\_\_, appeal Decision No. \_\_\_\_\_, issued on \_\_\_\_\_, by the Alaska Workers' Compensation Board in AWCB Case No. \_\_\_\_\_. A copy of the Board decision that I am appealing is attached to this notice.

**STATEMENT OF GROUNDS FOR APPEAL**

The grounds (reasons) for this appeal are: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (Attach more pages if needed.)

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

This form is being filed not later than 30 days after the date of the Alaska Workers' Compensation Board's decision.

\_\_\_\_\_  
Signature Date

This form is being filed \_\_\_\_\_ days after the date of the Alaska Workers' Compensation Board's decision. A Motion for Extension of Time to File Notice of Appeal is attached.

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number Fax Number and/or E-mail

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (date) this Notice of Appeal and Statement of Grounds were  mailed,  faxed,  emailed, or  hand delivered to the Alaska Workers' Compensation Appeals Commission, **and** on the same date a complete copy of this document was  mailed,  faxed,  emailed, or  hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)

<input checked="" type="checkbox"/> <b>Required:</b> Director, Alaska Workers' Compensation Division P.O. Box 115512 Juneau, AK 99811	<input type="checkbox"/> <b>If opposing party is a State agency:</b> Attorney General's Office P.O. Box 110300 Juneau, AK 99811-0300	<input type="checkbox"/> Opposing party <b>or</b> party's attorney (if represented): _____ _____ _____
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\_\_\_\_\_  
 Print name of person who served document Signature of person who served document

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. \_\_\_\_\_

**SELF-REPRESENTED APPELLANT'S MOTION TO AMEND NOTICE OF APPEAL AND STATEMENT OF GROUNDS FOR APPEAL**

I, \_\_\_\_\_, am the Appellant. I request the Commission allow me to amend my Notice of Appeal and Statement of Grounds for Appeal as follows:

\_\_\_\_\_

\_\_\_\_\_

for these reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**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 _____ (date) this Motion to Amend Notice of Appeal and Statement of Grounds for Appeal was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the Alaska Workers' Compensation Appeals Commission, <b>and</b> on the same date a complete copy of this document was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)	
	<input type="checkbox"/> Opposing party <b>or</b> party's attorney (if represented):
Print name of person who served document	Signature of person who served document

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. \_\_\_\_\_

**SELF-REPRESENTED APPELLANT'S AMENDED NOTICE OF APPEAL**

Please take notice that I, \_\_\_\_\_, appeal Decision No. \_\_\_\_\_, issued on \_\_\_\_\_, by the Alaska Workers' Compensation Board in AWCB Case No. \_\_\_\_\_. A copy of the Board decision that I am appealing is attached to this notice.

**AMENDED STATEMENT OF GROUNDS FOR APPEAL**

The grounds (reasons) for this appeal are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_. (Attach more pages if needed.)

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

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number      \_\_\_\_\_  
Fax Number and/or E-mail

<b>CERTIFICATE OF SERVICE</b>		
I certify that on _____ (date) this Amended Notice of Appeal and Amended Statement of Grounds were <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the Alaska Workers' Compensation Appeals Commission, <b>and</b> on the same date a complete copy of this document was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)		
<input checked="" type="checkbox"/> <b>Required:</b> Director, Alaska Workers' Compensation Division P.O. Box 115512 Juneau, AK 99811	<input type="checkbox"/> <b>If opposing party is a State agency:</b> Attorney General's Office P.O. Box 110300 Juneau, AK 99811-0300	<input type="checkbox"/> Opposing party <b>or</b> party's attorney (if represented): _____ _____
_____ <i>Print name of person who served document</i>	_____ <i>Signature of person who served document</i>	

## ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Appellant, <i>(party filing appeal)</i>	AWCAC Appeal No. _____ AWCB Decision No. _____ AWCB Case No. _____
vs.	
Appellee(s). <i>(all other parties to appeal)</i>	

### SELF-REPRESENTED APPELLANT'S LIST OF PARTIES TO APPEAL

I, \_\_\_\_\_, am the Appellant. The parties and attorneys to this appeal are:

<b>Appellant</b>	
Name: Address: Telephone No.: Facsimile No.: Email:	
<b>Appellees</b>	<b>Appellees' Attorney</b>
Name: Address: Telephone No.: Facsimile No.: Email:	Name: Address: Telephone No.: Facsimile No.: Email:

(Attach more pages if needed.)

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

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

<b>CERTIFICATE OF SERVICE</b>	
I certify that on _____ (date) this List of Parties to Appeal was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the Alaska Workers' Compensation Appeals Commission, <b>and</b> on the same date a complete copy of this document was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)	
	<input type="checkbox"/> Opposing party <b>or</b> party's attorney (if represented):
_____ <i>Print name of person who served document</i>	_____ <i>Signature of person who served document</i>

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. \_\_\_\_\_

**SELF-REPRESENTED APPELLANT'S MOTION TO BE EXCUSED FROM PAYMENT OF FILING FEE AND/OR TRANSCRIPT COST**

I, \_\_\_\_\_, am the Appellant. I request the Commission excuse me from having to pay the  filing fee  transcript cost for these reasons:

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

**I am filing AWCAC Form 01, Financial Statement Affidavit, with this motion.**

**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 _____ (date) this Motion to be Excused from Payment of Filing Fee and/or Transcript Cost was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the Alaska Workers' Compensation Appeals Commission, <b>and</b> on the same date a complete copy of this document was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)	
	<input type="checkbox"/> Opposing party <b>or</b> party's attorney (if represented):
Print name of person who served document	Signature of person who served document

**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. \_\_\_\_\_

**SELF-REPRESENTED LITIGANT'S CONSENT TO SERVICE BY FAX AND/OR EMAIL**

I, \_\_\_\_\_, am the  Appellant  Appellee. I hereby consent to service of all documents in this appeal by  fax to \_\_\_\_\_ and/or  email to \_\_\_\_\_.

**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 _____ (date) this Consent to Service by Fax and/or Email was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the Alaska Workers' Compensation Appeals Commission, <b>and</b> on the same date a complete copy of this document was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)	
	<input type="checkbox"/> Opposing party <b>or</b> party's attorney (if represented):
Print name of person who served document	Signature of person who served document



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. _____

**SELF-REPRESENTED LITIGANT'S DESIGNATION OF HEARING RECORDINGS FOR TRANSCRIPTION**

I, \_\_\_\_\_, am the  Appellant  Appellee. I select for transcription the following Alaska Workers' Compensation Board hearing recordings in AWCB Case No. \_\_\_\_\_: \_\_\_\_\_  
 \_\_\_\_\_ (list hearing dates).

**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 _____ (date) this Designation of Hearing Recordings for Transcription was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the Alaska Workers' Compensation Appeals Commission, <b>and</b> on the same date a complete copy of this document was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)	
	<input type="checkbox"/> Opposing party <b>or</b> party's attorney (if represented):
Print name of person who served document	Signature of person who served document

# 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. \_\_\_\_\_

## SELF-REPRESENTED LITIGANT'S MOTION/REQUEST

I, \_\_\_\_\_, am the  Appellant  Appellee. I request the Commission do the following: \_\_\_\_\_

for these reasons: \_\_\_\_\_

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

. (Attach more pages if needed.)

### 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 \_\_\_\_\_ (date) this Motion/Request was  mailed,  faxed,  emailed, or  hand delivered to the Alaska Workers' Compensation Appeals Commission, **and** on the same date a complete copy of this document was  mailed,  faxed,  emailed, or  hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)

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

<i>Print name of person who served document</i>	<i>Signature of person who served document</i>

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. \_\_\_\_\_

**SELF-REPRESENTED LITIGANT'S MOTION FOR ROUTINE EXTENSION OF TIME**

I, \_\_\_\_\_, am the  Appellant  Appellee. I request a \_\_\_\_\_-day (up to 30 days) routine extension of time to file my \_\_\_\_\_ for these reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 _____ (date) this Motion for Routine Extension of Time was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the Alaska Workers' Compensation Appeals Commission, <b>and</b> on the same date a complete copy of this document was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)	
	<input type="checkbox"/> Opposing party <b>or</b> party's attorney (if represented):
Print name of person who served document	Signature of person who served document

**ALASKA WORKERS' COMPENSATION APPEALS COMMISSION**

Appellant, <i>(party filing appeal)</i>	AWCAC Appeal No. _____ AWCB Decision No. _____ AWCB Case No. _____
vs.	
Appellee(s). <i>(all other parties to appeal)</i>	

**SELF-REPRESENTED LITIGANT'S MOTION FOR EXTENSION OF TIME**

I, \_\_\_\_\_, am the  Appellant  Appellee. I request the Commission give me \_\_\_\_\_ additional days to file my \_\_\_\_\_, which is due on \_\_\_\_\_, because \_\_\_\_\_.

On \_\_\_\_\_, I emailed/spoke with \_\_\_\_\_, who is/represents the opposing party, who told me there is no objection to this request.

**OR**

On \_\_\_\_\_, I emailed/telephoned to \_\_\_\_\_, who is/represents the opposing party, but was unable to determine if the opposing party objected to my request because: \_\_\_\_\_.

I have received \_\_\_\_\_ days of prior extensions.

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

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

<b>CERTIFICATE OF SERVICE</b>	
I certify that on _____ (date) this Motion for Extension of Time was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the Alaska Workers' Compensation Appeals Commission, <b>and</b> on the same date a complete copy of this document was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)	
	<input type="checkbox"/> Opposing party <b>or</b> party's attorney (if represented):
Print name of person who served document	Signature of person who served document

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. \_\_\_\_\_

**SELF-REPRESENTED LITIGANT'S OPPOSITION TO MOTION**

I am the  Appellant  Appellee. I **oppose** the motion filed by  Appellant  Appellee asking the Commission to: \_\_\_\_\_

I do not agree the Commission should do this because: \_\_\_\_\_

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

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

**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 _____ (date) this Opposition was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the Alaska Workers' Compensation Appeals Commission, <b>and</b> on the same date a complete copy of this document was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)	
	<input type="checkbox"/> Opposing party <b>or</b> party's attorney (if represented):
	_____
	_____
_____ Print name of person who served document	_____ Signature of person who served document

# ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Appellant, <i>(party filing appeal)</i>	AWCAC Appeal No. _____ AWCB Decision No. _____ AWCB Case No. _____
vs.	
Appellee(s). <i>(all other parties to appeal)</i>	

## SELF-REPRESENTED APPELLANT'S OPENING BRIEF COVER SHEET

I, \_\_\_\_\_, am the Appellant. This is my opening brief which contains my statement of the issues presented for review, a statement of the facts, a brief description of the proceedings before the Board, a statement of the applicable standard of review, arguments on the issues presented, and a conclusion stating what I would like the Commission to do to resolve my appeal.

**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 _____ (date) this Appellant's Opening Brief was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the Alaska Workers' Compensation Appeals Commission, <b>and</b> on the same date a complete copy of this document was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)			
	<input type="checkbox"/> Opposing party <b>or</b> party's attorney (if represented):		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; border-bottom: 1px solid black;"> <i>Print name of person who served document</i> </td> <td style="width: 50%; text-align: center; border-bottom: 1px solid black;"> <i>Signature of person who served document</i> </td> </tr> </table>		<i>Print name of person who served document</i>	<i>Signature of person who served document</i>
<i>Print name of person who served document</i>	<i>Signature of person who served document</i>		

Sections of an Appellant's Opening Brief

These pages are provided as examples of the sections of an appellant's opening brief. You may use these pages for your brief, adding more pages if needed, or you may use them as a model to write your own brief. The sections of an appellant's opening brief are:

Statement of Issues for Review

Here you list the important legal issues or questions that the Commission needs to decide in your appeal. As the appellant, you should look at your Statement of Grounds for Appeal that you filed with your Notice of Appeal, and think carefully about the questions you want the Commission to decide. Some of them you may decide you do not need to argue after all. Some may be combined into one issue.

Use one or two short sentences for each issue or question. Only include issues that the Commission can decide. List them in the order you discuss them in your argument, and state the issues in terms of how the Board made mistakes.

For example, "The Board made a mistake when it decided that \_\_\_\_\_." Another example could be, "Did the Board have substantial evidence when it decided \_\_\_\_\_?"

These are the questions that the Commission needs to decide in this appeal.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach more pages if needed.

Summary of the Facts

In this section, tell what happened before the claim was filed. State only the important facts about the claim that the Commission should know to be able to decide the appeal. Put the facts in chronological order, starting from the event that led to filing a claim or petition.

Every important fact must be cited to a page in the record, excerpt of record, transcript from the Board’s hearing, or a deposition. The Commissioners must be able to check whether a factual assertion is accurate. The Commission cannot receive new evidence to decide an appeal, so the facts must be in the Board record, in depositions filed with the Board, or testified to in hearing. A fact summary might start like this:

John Smith began work for ABC Corporation in 2005 (R. 001). He was injured on July 8, 2007 (Exc. 12). On March 10, 2009, Dr. Jones’ medical report stated that Mr. Smith was injured at work (Hr’g Tr. at 22). On November 2, 2009, Dr. Thomas’ medical report stated that Mr. Smith’s work injury was not the cause of the need for medical treatment (R. 2904). On January 4, 2010, Dr. Thomas stated in deposition that his opinion has not changed (Thomas Dep. at 44).

The fact citations in parentheses tell the Commissioners that on page 1 of the Board’s record, a document shows appellant was an employee of ABC Corporation. On page 12 of the excerpt, a document (such as a Report of Injury) shows Mr. Smith was injured on July 8, 2007. On page 22 of the Board hearing transcript, someone testified at the Board hearing that Dr. Jones’ medical report found that Mr. Smith was injured at work. Page 2904 of the Board’s record is Dr. Thomas’ medical report. On page 44 of Dr. Thomas’s deposition transcript, he stated that his opinion has not changed.

- R. means the record page number.
- Exc. means the excerpt page number.
- Tr. means the page number of the Board hearing transcript.
- Dep. means the page number of the deposition transcript.

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Lined writing area consisting of 24 horizontal lines.

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

Summary of Board Proceedings

Summarize what happened procedurally at the Board and what the Board decided. This means you describe:

- 1. the important documents that the parties filed;
- 2. relevant hearings and prehearing conferences; and
- 3. decisions and orders the Board made in your case.

You do not need to describe every claim, petition, and hearing that has happened in your case. Only describe the important proceedings and those relevant to the issues on appeal now. For example, if you are appealing the Board's decision on a claim for permanent partial impairment (PPI) compensation, state when the claim was filed and discuss any prehearing orders that were important in how the PPI claim was presented at the Board hearing. State what the Board decided on the PPI claim. Be sure you cite to the pages in the Board record (R. 00X) or your excerpt (Exc. 00X) where important documents can be found.

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Standard of Review

The Commission’s standard of review is set by statute, AS 23.30.128(b), which states:

The commission may review discretionary actions, findings of fact, and conclusions of law by the board in hearing, determining, or otherwise acting on a compensation claim or petition. The board's findings regarding the credibility of testimony of a witness before the board are binding on the commission. The board's findings of fact shall be upheld by the commission if supported by substantial evidence in light of the whole record. In reviewing questions of law and procedure, the commission shall exercise its independent judgment.

If you want the Commission to use a different standard, you must explain why and what standard it should apply. Otherwise, if the statutory standard is appropriate, you may omit this section or just write: “The Commission’s standard of review is found in AS 23.30.128(b).”

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

## Argument

The argument is where you explain

1. how the Board made a mistake in deciding your case; and
2. why the mistake the Board made is so significant that the Commission should not uphold the Board's decision.

Remember that when you filed your Notice of Appeal, you stated the points or grounds on appeal. The argument section should address each point on appeal or the Commission will consider that you have abandoned that point. For each issue, tell the Commission your idea of how the Board made the wrong decision. Sometimes the way to show how the Board made a mistake is to describe the law, and then show where the Board failed to follow the law. Sometimes the Board saw the law, but the logic of their reasoning in applying it is flawed. Sometimes the Board relies on evidence that does not support the decision.

Whatever is wrong, you must show why it is so significant that it would make a difference in the outcome. Explain why the Board's mistake is so important that the error should cause the Commission to reverse the Board's decision. Use plain language to explain your arguments.

Keep in mind that if the Board decision contains a decision about credibility of a witness that appeared before the Board, the Board's decision on credibility is binding on the Commission. The Board gets to choose if it believes a witness's testimony because the Board sees and/or hears the witness, not the Commission. You may disagree, but asserting that the Board made a mistake because it believed opposing testimony by a witness that appeared before the Board is a very difficult argument.

Use headings to help the Commissioners understand what you are discussing. Set off each issue with a heading similar to a chapter title that describes the arguments that will follow. If possible, follow the order you used in the Statement of Issues section of your brief.

For every statement of law you make in the brief, try to cite to a court case, statute, regulation, or legal treatise that supports your statement.

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

Conclusion

Summarize what your position is very briefly. Then, tell the Commission what you want it to do. For example, you may ask the Commission to REVERSE the Board's decision, to VACATE (invalidate) the decision and REMAND (send the case back) to the Board to allow more evidence or rehear the case, or MODIFY the Board's decision. Do not ask the Commission to do what the Commission does not have the power to do, such as award you benefits or order the employer to rehire you. Sign and date the brief, and if you had an assistant to help you, verify that you read and understood the brief, and that it is your brief.

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# 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. _____

## SELF-REPRESENTED APPELLANT'S REPLY BRIEF

I, \_\_\_\_\_, am the Appellant. This is my reply brief which contains my responses to the appellee's brief and a conclusion stating what I would like the Commission to do to resolve my appeal.

**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 _____ (date) this Appellant's Reply Brief was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the Alaska Workers' Compensation Appeals Commission, <b>and</b> on the same date a complete copy of this document was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)	
	<input type="checkbox"/> Opposing party <b>or</b> party's attorney (if represented):
_____ <i>Print name of person who served document</i>	_____ <i>Signature of person who served document</i>







Conclusion

I would like the Commission to \_\_\_\_\_

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# 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. _____

## SELF-REPRESENTED LITIGANT'S EXCERPT OF RECORD COVER SHEET

I, \_\_\_\_\_, am the  Appellant  Appellee. This is my excerpt of record which contains the documents that I refer to in my brief. Each page is numbered from \_\_\_\_\_ to \_\_\_\_\_. The attached index lists the documents and the pages where each document is found.

### 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 _____ (date) this Excerpt of Record and all supporting documents were <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the Alaska Workers' Compensation Appeals Commission, <b>and</b> on the same date a complete copy of this document was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)	
	<input type="checkbox"/> Opposing party <b>or</b> party's attorney (if represented):
<i>Print name of person who served document</i>	<i>Signature of person who served document</i>



# 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. \_\_\_\_\_

## **SELF-REPRESENTED LITIGANT'S REQUEST FOR ORAL ARGUMENT**

I, \_\_\_\_\_, am the  Appellant  Appellee. I request that the Commission schedule oral argument in this appeal. I would like to attend

in person.

by telephone. Please provide me with the call-in information.

via Zoom meeting. Please provide me with the Zoom meeting invitation. My email address is:

\_\_\_\_\_.

### **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 _____ (date) this Request for Oral Argument was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the Alaska Workers' Compensation Appeals Commission, <b>and</b> on the same date a complete copy of this document was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)	
	<input type="checkbox"/> Opposing party <b>or</b> party's attorney (if represented): _____ _____
Print name of person who served document	Signature of person who served document

# 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. _____

## **SELF-REPRESENTED LITIGANT'S SHOW OF GOOD CAUSE**

I, \_\_\_\_\_, am the  Appellant  Appellee. The reasons why I have not filed my \_\_\_\_\_ are:

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

### **The person filing this document MUST sign below.**

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

<b>CERTIFICATE OF SERVICE</b>	
I certify that on _____ (date) this Show of Good Cause was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the Alaska Workers' Compensation Appeals Commission, <b>and</b> on the same date a complete copy of this document was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)	
	<input type="checkbox"/> Opposing party <b>or</b> party's attorney (if represented):
Print name of person who served document	Signature of person who served document

# ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Appellant, <i>(party filing appeal)</i>	AWCAC Appeal No. _____ AWCB Decision No. _____ AWCB Case No. _____
vs.	
Appellee(s). <i>(all other parties to appeal)</i>	

### SELF-REPRESENTED LITIGANT'S CHANGE OF CONTACT INFORMATION

I, \_\_\_\_\_, am the  Appellant  Appellee and I hereby inform the Commission of the following changes in my contact information:

New Mailing Address: \_\_\_\_\_

New Telephone Number: \_\_\_\_\_

New Fax Number: \_\_\_\_\_

New Email Address: \_\_\_\_\_

#### **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 _____ (date) this Change of Contact Information was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the Alaska Workers' Compensation Appeals Commission, <b>and</b> on the same date a complete copy of this document was <input type="checkbox"/> mailed, <input type="checkbox"/> faxed, <input type="checkbox"/> emailed, or <input type="checkbox"/> hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)	
	<input type="checkbox"/> Opposing party <b>or</b> party's attorney (if represented):
<i>Print name of person who served document</i>	<i>Signature of person who served document</i>



**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. _____

**SELF-REPRESENTED LITIGANT'S CERTIFICATE OF SERVICE**

I, \_\_\_\_\_ am the  Appellant  Appellee. I certify that on \_\_\_\_\_, a copy of my:

- |   |  |
|---|--|
| <input type="checkbox"/> Notice of Appeal and Statement of Grounds*   | <input type="checkbox"/> Financial Statement Affidavit |
| <input type="checkbox"/> Designation of Recordings for Transcription  | <input type="checkbox"/> Motion/Request                |
| <input type="checkbox"/> Opposition to Motion/Request   | <input type="checkbox"/> Brief                         |
| <input type="checkbox"/> Excerpt of Record  | <input type="checkbox"/> Request for Oral Argument     |
| <input type="checkbox"/> Other: _____ was/were:   |  |
| <input type="checkbox"/> mailed <input type="checkbox"/> hand delivered <input type="checkbox"/> faxed <input type="checkbox"/> emailed to: |  |

<input type="checkbox"/> <b>*Required:</b> Director, Alaska Workers' Compensation Division P.O. Box 115512 Juneau, AK 99811	<input type="checkbox"/> <b><u>If opposing party is a State agency:</u></b> Attorney General's Office P.O. Box 110300 Juneau, AK 99811-0300	<input type="checkbox"/> Opposing party <u>or</u> party's attorney (if represented):
--	--	--

Additional names and addresses:


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

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

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. \_\_\_\_\_

**SELF-REPRESENTED LITIGANT'S MOTION FOR RECONSIDERATION**

I, \_\_\_\_\_, am the  Appellant  Appellee. I request that the Commission reconsider its \_\_\_\_\_

for these reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**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 \_\_\_\_\_ (date) this Motion for Reconsideration was  mailed,  faxed,  emailed, or  hand delivered to the Alaska Workers' Compensation Appeals Commission, **and** on the same date a complete copy of this document was  mailed,  faxed,  emailed, or  hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)

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

Print name of person who served document

Signature of person who served document