

# 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. <i>(Attach more pages if needed.)</i>	
	<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>