

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 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

CERTIFICATE OF SERVICE	
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, and 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 or party's attorney (if represented):
Print name of person who served document	Signature of person who served document