

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Appellant, <i>(party filing appeal)</i>	
vs.	
	AWCAC Appeal No. _____
	AWCB Decision No. _____
Appellee(s). <i>(all other parties to appeal)</i>	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, 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):
_____	_____
_____	_____
_____	_____
_____	_____
<i>Print name of person who served document</i>	<i>Signature of person who served document</i>