

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

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| 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 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.

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| Signature | Date |
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| 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, 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.) | |
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