

# ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

|   |  |
|---|--|
| Appellant, <i>(party filing appeal)</i>           | AWCAC Appeal No. _____<br>AWCB Decision No. _____<br>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): |
|   |  |
|   |  |
| _____<br><i>Print name of person who served document</i>  | _____<br><i>Signature of person who served document</i>                              |