ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Petitioner, (party filing petition for review)	
VS.	
	AWCAC Appeal NoAWCB Decision No
Respondent(s). (all other parties to petition)	AWCB Case No
SELF-REPRESENTED PETITIO	NER'S PETITION FOR REVIEW
I,, petition	the Alaska Workers' Compensation Appeals
Commission (Commission) to review Alas	ska Workers' Compensation Board (Board)
Interlocutory Decision No	, issued on <u>I have</u>
attached a copy of the decision or order than	t I want the Commission to review. I am not
represented by an attorney and I am filing this	s petition myself.
My name is:	
My mailing address is:	
My telephone number is:	
My fax number is:	
My email address is:	
The Board's order is against the Peti	tioner which is a \square corporation, \square partnership,
or other unincorporated association, and I	represented it before the Board. I am not an
	torney to proceed before the Commission.
8 AAC 57.065(a)(1) and (2).	,

The names, mailing addresses, telephone numbers, facsimile numbers, and email addresses of the other parties, and any attorney representing a party, are:

Respondent	Respondent's Attorney
Name:	Attorney name:
Address:	Firm name:
C	Address:
City, State, Zip	C'' C' 1 7'
Telephone: Fax:	City, State, Zip
Email:	Telephone: Fax:
Liliali.	Email:
Name:	Attorney name:
Address:	Firm name:
	Address:
City, State, Zip	
Telephone:	City, State, Zip
Fax:	Telephone:
Email:	Fax: Email:
N.	
Name: Address:	Attorney name: Firm name:
Address.	Address:
City, State, Zip	Addi C55.
Telephone:	City, State, Zip
Fax:	Telephone:
Email:	Fax:
	Email:

STATEMENT OF FACTS

These are the facts that the Commission needs to know to understand the questic by the Board when it issued its decision or order.	on determined
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(Attach more pages if needed.)

I have attached copies of documents that the Board had in its file when it issued the decision that I would like the Commission to review. The documents support these facts and are in order by date. I have provided a list of all the documents attached, using AWCAC Form 32, List of Attachments, and placed the list in front of my attachments.

STATEMENT OF THE ISSUES (REASONS) REVIEW IS SOUGHT

These are the questions that the Commission needs to decide in its review.		

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(Attach more pages if needed.)

Reasons Why Review Should Not be Postponed Until Appeal May be Taken from a Final Decision or Order of the Board

I know that if I do not appeal an interlocutory decision or order of the Board, I can reserve my right to appeal until the Board's final decision is issued. Then, if the Board's decision is against me, I can appeal that decision and the interlocutory decision or order of the Board at the same time. Or, if the Board's final decision is in my favor, then, if the other side appeals, I can file a cross-appeal that challenges the interlocutory decision or order of the Board. But I do not want to wait. I have good reasons why the Commission should allow me to file an appeal now.

want to wait. I have go	od reasons wny the C	commission should allo	ow me to file an appeal now.
	Issues (Reasons)	Review is Sought u	cide the issues listed under ntil the Board issues a fina
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(Attach more pages if needed.)

REASONS WHY THE BOARD'S DECISION OR ORDER IS ALLEGED TO BE ERRONEOUS

I know that the Commission cannot grant a petition for review just because I disagree with the Board's decision. In my case the Board made errors of law or made findings of fact without substantial evidence to support the findings. The Board errors led to a decision or order that I think is wrong. Here is where I describe the Board's errors and explain how those errors led to this wrong decision or order.				
				
				
				
				

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. (Attach more pages if needed.)

STATEMENT OF THE PRECISE RELIEF SOUGHT

I ask the C paragraph r	Commission numbers	on to do that I bel	the follo ieve are	wing to wrong):_	the Boar	d's order		the ord

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	Signature	(Attach mor	e pages if needed.)
	Mailing Address	;	-
-	City, State, Zip		-
			-
Telephone	Number Fa	ax Number and/or Email	
	CERTIFICATE OF	SERVICE	
I certify that on	(date) this Petition for Rensation Appeals Commission	view was \square mailed, \square fax , and on the same date a cor	
Required: Alaska Workers' Compensation Board (office that issued decision)	☐ If opposing party is a State agency:	☐ Opposing party <u>or</u> party	's attorney:
☐ 3301 Eagle Street, Suite 304, Anchorage, AK 99503	Attorney General's Office P.O. Box 110300		
☐ 675 7th Ave, Station K, Fairbanks, AK 99701	Juneau, AK 99811-0300		
☐ P.O. Box 115512, Juneau, AK 99811			
Print name of person who served o	document	Signature of nercon	who served document
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