

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Petitioner, <i>(party filing petition for review)</i>
vs.
Respondent(s). <i>(all other parties to petition)</i>

AWCAC Appeal No. _____
 AWCB Decision No. _____
 AWCB Case No. _____

SELF-REPRESENTED PETITIONER'S PETITION FOR REVIEW

I, _____, petition the Alaska Workers' Compensation Appeals Commission (Commission) to review Alaska Workers' Compensation Board (Board) Interlocutory Decision No. _____, issued on _____. I have attached a copy of the decision or order that I want the Commission to review. I am not represented by an attorney and I am filing this 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 Petitioner which is a corporation, partnership, or other unincorporated association, and I represented it before the Board. I am not an attorney and I know I must find an attorney 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: Address: City, State, Zip Telephone: Fax: Email:	Attorney name: Firm name: Address: City, State, Zip Telephone: Fax: Email:
Name: Address: City, State, Zip Telephone: Fax: Email:	Attorney name: Firm name: Address: City, State, Zip Telephone: Fax: Email:
Name: Address: City, State, Zip Telephone: Fax: Email:	Attorney name: Firm name: Address: City, State, Zip Telephone: Fax: Email:

STATEMENT OF FACTS

These are the facts that the Commission needs to know to understand the question determined by the Board when it issued its decision or order.
