

# 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 RESPONDENT'S NOTICE OF NONPARTICIPATION**

I, \_\_\_\_\_, am a Respondent and I elect not to participate in the  
 motion for stay only (if a motion for stay has been filed)

**or**

entire petition for review.

I understand that pursuant to 8 AAC 57.020(c), a respondent may elect at any time not to participate in a petition for review by filing and serving a notice of nonparticipation, and that filing a notice of nonparticipation does not affect whether the respondent is bound by the decision on the petition for review.

**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 Notice of Nonparticipation 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): _____ _____
<i>Print name of person who served document</i>	<i>Signature of person who served document</i>