

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 LITIGANT'S MOTION/REQUEST

I, _____, am the Petitioner Respondent. I request that the Commission do the following: _____

for these reasons: _____

_____. (Attach more pages if needed.)

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 Motion 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.)	
	<input type="checkbox"/> Opposing party or party's attorney (if represented):
_____ <i>Print name of person who served document</i>	_____ <i>Signature of person who served document</i>