

# 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 FOR EXTENSION OF TIME**

I, \_\_\_\_\_, am the  Petitioner  Respondent. I request the Commission give me \_\_\_\_\_ additional days to file my \_\_\_\_\_, which is due on \_\_\_\_\_, because \_\_\_\_\_.

On \_\_\_\_\_, I emailed/spoke with \_\_\_\_\_, who is/represents the opposing party, who told me there is no objection to this request.

**OR**

On \_\_\_\_\_, I emailed/telephoned to \_\_\_\_\_, who is/represents the opposing party, but was unable to determine if the opposing party objected to my request because: \_\_\_\_\_.

I have received \_\_\_\_\_ days of prior extensions.

**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 for Extension of Time was  mailed,  faxed,  emailed, or  hand delivered to the Alaska Workers' Compensation Appeals Commission, **and** on the same date a complete copy of this document was  mailed,  faxed,  emailed, or  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>	