

# 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. _____

## **CERTIFICATE OF SERVICE BY SELF-REPRESENTED LITIGANT**

I, \_\_\_\_\_ am the  Petitioner  Respondent. I certify that on \_\_\_\_\_, a copy of my:

- Petition for Review\*                       Motion/Request  
 Cross-Petition for Review                       Opposition to Motion/Request  
 Opposition to Petition for Review or Cross-Petition for Review  
 Other: \_\_\_\_\_ was/were:  
 mailed     hand delivered     faxed     emailed to:

<input type="checkbox"/> Alaska Workers' Compensation Board (office that issued decision) <input type="checkbox"/> 3301 Eagle Street, Suite 304, Anchorage, AK 99503 <input type="checkbox"/> 675 7th Ave, Station K, Fairbanks, AK 99701 <input type="checkbox"/> P.O. Box 115512, Juneau, AK 99811	<input type="checkbox"/> <b><u>If opposing party is                  a State agency:</u></b> Attorney General's Office P.O. Box 110300 Juneau, AK 99811-0300	<input type="checkbox"/> Opposing party <b>or</b> party's attorney:
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### **The person filing this document MUST sign below.**

_____ Signature	_____ Date
_____ Mailing Address	
_____ City, State, Zip	
_____ Telephone Number	_____ Fax Number and/or Email