

ALASKA WORKERS' COMPENSATION BOARD
P.O. Box 115512
JUNEAU, ALASKA 99811-5512

_____,)
)
Employee,)
)
vs.)
)
_____,)
Employer,)
)
and)
)
)
_____,)
)
Its workers' compensation)
insurance carrier and/or adjuster.)
)
_____)

AWCB Case No.: _____

NOTICE OF APPEARANCE

Name _____
Address _____
Telephone Number _____

enters an appearance as the representative of _____.

I am / I am not an attorney licensed to practice law within the State of Alaska.

This section must be completed if the representative is not an attorney licensed to practice law within the State of Alaska.

I, _____, authorize _____ to represent me in this case.

SIGNATURE of the party being represented

Date

SIGNATURE of the representative filing this Notice of Appearance

Date

PROOF OF SERVICE: I certify that a true and correct copy of this notice has been served upon the Alaska Workers' Compensation Board (AWCB) and all parties to this case or, if a party is represented, upon the party's representative, as listed below; you must include:

- (1) the name of the person(s) served,
- (2) the method of service: personally, by mail, electronically, or facsimile,
- (3) the place of personal service or mailing address served, or if service was electronically or by facsimile, proof of transmission, and
- (4) your signature and the date of service.

SIGNATURE of the person serving this Notice of Appearance

Date of Service