

# ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Appellant, <i>(party filing appeal)</i>	
vs.	
Appellee(s). <i>(all other parties to appeal)</i>	AWCAC Appeal No. _____
	AWCB Decision No. _____
	AWCB Case No. _____

## **SELF-REPRESENTED APPELLANT'S MOTION FOR EXTENSION OF TIME TO FILE NOTICE OF APPEAL**

I, \_\_\_\_\_, am the Appellant. I request the Commission grant me an extension of time of \_\_\_\_\_ days to file my Notice of Appeal. I was late in filing my Notice of Appeal for the following reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach more pages if needed.)

### **The person filing this document MUST sign below.**

This form is being filed not later than 30 days after the date of the Alaska Workers' Compensation Board's decision.

\_\_\_\_\_  
Signature Date

This form is being filed \_\_\_\_\_ days after the date of the Alaska Workers' Compensation Board's decision. My Notice of Appeal and Statement of Grounds for Appeal are attached.

\_\_\_\_\_  
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 to File Notice of Appeal 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 checked="" type="checkbox"/> <b>Required:</b> Director, Alaska Workers' Compensation Division P.O. Box 115512 Juneau, AK 99811	<input type="checkbox"/> <b>If opposing party is a State agency:</b> Attorney General's Office P.O. Box 110300 Juneau, AK 99811-0300	<input type="checkbox"/> Opposing party <b>or</b> party's attorney (if represented): _____ _____
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\_\_\_\_\_  
*Print name of person who served document* \_\_\_\_\_  
*Signature of person who served document*