

# 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 REPLY BRIEF**

I, \_\_\_\_\_, am the Appellant. This is my reply brief which contains my responses to the appellee's brief and a conclusion stating what I would like the Commission to do to resolve my appeal.

**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 Appellant's Reply Brief 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, <b>and</b> 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 <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>





Conclusion

I would like the Commission to \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---