

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 OPPOSITION TO MOTION

I, _____ am the Petitioner Respondent. I oppose the motion filed by Petitioner Respondent asking the Commission to _____

because: _____

_____. (Attach more pages if needed).

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 Opposition 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 or party's attorney (if represented):

<i>Print name of person who served document</i>	<i>Signature of person who served document</i>
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