INSTRUCTIONS FOR SELF-REPRESENTED LITIGANTS

Petition for Review Packet[1]

To file a petition for review, or respond to a petition for review, of an Alaska Workers' Compensation Board interlocutory decision to the Alaska Workers' Compensation Appeals Commission

This pamphlet is for informational purposes only. The statutes, regulations, and caselaw control over anything said to the contrary here.

Alaska Workers' Compensation Appeals Commission
3301 Eagle Street, Suite 305
Anchorage, AK 99503
Phone: (907) 269-6738
Fax: (907) 269-6737
Email: awcac.clerk@alaska.gov
Webpage: https://labor.alaska.gov/wccomm

Revised February 2024

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[1] Includes instructions for filing a petition for review, opposition to a petition for review, cross-petition for review, and opposition to a cross-petition for review.

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SCHEDULE AND FILING TIMELINE FOR A PETITION FOR REVIEW

PETITIONER (Litigant who **files** petition for review)	ALASKA WORKERS' COMPENSATION APPEALS COMMISSION	RESPONDENTS (All litigants to Board case who did **not** file petition for review)
Files petition for review not later than **15 days** after Board decision date. No filing fee.		Any other litigant may file cross-petition for review not later than **15 days** after date in Certificate of Service, unless served by mail,[2] of petition. No filing fee.
	Upon receipt of complete petition, Commissioners are assigned.	
May file motion to disqualify a Commissioner not later than **10 days** after date in certificate of distribution, unless distributed by mail, of Commissioner assignments notice.		May file motion to disqualify a Commissioner not later than **10 days** after date in certificate of distribution, unless distributed by mail, of Commissioner assignments notice.
May file opposition to cross-petition not later than **15 days** after date in Certificate of Service, unless served by mail, of cross-petition. Granted extensions will change due date.		May file opposition to petition not later than **15 days** after date in Certificate of Service, unless served by mail, of petition. Granted extensions will change due date.
	Commission decides, not later than 30 days after response to petition is filed or due date has passed (and cross-petition, if filed) based on documents filed by litigants. - - - - - - - - - - - - - - - If petition is GRANTED, the Commission will specify in the order whether additional briefing or oral argument will be required.	

[2] In the event a document is served or distributed by mail, three calendar days are added to the prescribed time period, 8 AAC 57.055 and 8 AAC 57.057(a).

INSTRUCTIONS FOR SELF-REPRESENTED LITIGANTS

To file a petition for review, or respond to a petition for review, of an Alaska Workers' Compensation Board interlocutory decision to the Alaska Workers' Compensation Appeals Commission

INTRODUCTION

You have the right to appeal a final decision of the Alaska Workers' Compensation Board (Board). But, what happens when the Board issues an interlocutory (non-final) decision? If the Board's decision is not final, you have the right to ask the Alaska Workers' Compensation Appeals Commission (Commission) to allow a review at its discretion. This process is called a Petition for Review (Petition).

Petitions are an exception to the general rule that appeals are only from final Board decisions. The criteria that the Commission uses to determine whether to grant a petition are found at 8 AAC 57.073(g).

The laws that govern the Commission and the petition for review procedures are in the Alaska Workers' Compensation Act (AS 23.30.001 - .395) and the Commission's regulations (8 AAC 57.010 - .990). The procedures for petitions and cross-petitions are found at 8 AAC 57.073, 8 AAC 57.075, 8 AAC 57.077, and 8 AAC 57.079.

The Alaska Statutes are at http://www.legis.state.ak.us/basis/folio.asp.

The Commission's regulations are at http://www.labor.alaska.gov/wccomm; select "Appeal Procedures."

Information may be found in the Alaska Supreme Court cases cited in the decision. The cases are available at http://government.westlaw.com/akcases.

Petitions may involve complicated legal procedures or legal issues. You should consider consulting an attorney if you want to file a petition or respond to a petition; however, you are not required to be represented by an attorney in order to do so.

Before you file or respond to a petition, please read the information that follows about the Commission and the petition for review process. If you have questions, contact the Commission Clerk at:

Alaska Workers' Compensation Appeals Commission
3301 Eagle Street, Suite 305
Anchorage, AK 99503
Phone: (907) 269-6738
Email: awcac.clerk@alaska.gov

I. ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

A. What is the Commission? The Commission is an agency in the Alaska Department of Labor and Workforce Development that decides petitions of the Board's interlocutory decisions. The Commission has 5 members (Commissioners), 3 of whom are assigned to each panel that decides a petition. All Commissioners, including the Chair, are appointed by the Governor and confirmed by the Alaska Legislature.

Two Commissioners, because of their backgrounds and employment, are considered employee representatives. They must have served on the Board for at least 18 months before being appointed to the Commission. One employee representative is assigned to each panel.

Two Commissioners, because of their backgrounds and employment, are considered employer representatives. They must have served on the Board for at least 18 months before being appointed to the Commission. One employer representative is assigned to each panel.

The third Commissioner assigned to each panel is the Commission Chair, an attorney who has engaged in the active practice of law for at least five years in Alaska, with experience in Alaska workers' compensation law.

All Commissioners on a panel have equal votes in deciding a petition; the Chair does not tell the other Commissioners how to vote.

B. Commission Staff. The Commission staff may explain procedures, regulations, records, and forms. The staff cannot give legal advice or predict what the Commission will do, and cannot advise a party:

- what to say in a petition;
- whether a particular case or statute applies in a petition;
- whether a document the party prepared is going to persuade the Commission to rule in the party's favor; or
- to choose 1 procedure as the best to accomplish the party's objective if more than 1 procedure is available.

The Commission staff may advise a party:

- where to find a copy of a case or a statute and how to cite it;
- how to prepare a document so the format is correct; or
- what procedures are available and what each requires.

II. DEFINITIONS

A. Petition for Review. An administrative review process; it is not a new Board hearing. The Commission decides whether to grant or deny a petition by

considering only the petition and attachments, a cross-petition and attachments (if filed), and any oppositions.

B. Cross-Petition for Review. Petition filed by respondent of the same Board decision, but for different reasons.

C. Petitioner. Party filing a petition.

D. Respondent. Party to the Board case that did not file the petition.

E. Cross-Petitioner. Respondent filing a cross-petition.

G. Days. A day is a calendar day and ends at 5:00 p.m., Alaska time. When counting days, include Saturday, Sunday, and legal holidays. Start counting the day following the triggering event. For example, an appeal must be filed not later than 30 days after the date the final decision was issued by the Board (date on the first page of the decision). If the Board issued its decision on September 2, count September 3 as day 1 of the 30 days. If the last day falls on a Saturday, Sunday, or legal holiday, the last day of the time period is the next day that is not a Saturday, Sunday, or legal holiday. Documents filed after 5:00 p.m., Alaska time, are considered filed the next day that is not a Saturday, Sunday, or legal holiday. *See* 8 AAC 57.060.

H. Filing. A document is filed with the Commission by faxing, mailing, emailing, or delivering it to the Commission, and is considered filed on the day it is received by the Commission, not on the day it is mailed. Documents received after 5:00 p.m., Alaska time, are considered filed the next day that is not a Saturday, Sunday, or legal holiday. *See* 8 AAC 57.040(a) and (c); 8 AAC 57.050(a) – (f).

F. Motion. Request for specific action by the Commission, such as a request for an extension of time to file a document. *See* 8 AAC 57.090 and 8 AAC 57.210.

I. Party. An individual, company, or organization that participates in a petition.

J. Service. Every document filed with the Commission must be sent to each of the other parties. If a party is represented by an attorney, serve the attorney instead of the party. Service means delivering or mailing a copy of the document to each of the other parties on the same day the document is filed with the Commission or, if a party has given consent, by faxing or emailing a copy of the document to the party on the same day. If a respondent filed a notice of nonparticipation, service on the non-participating respondent is not necessary. *See* 8 AAC 57.040(b)(1).

Note: Proof that each of the other parties was served on the same day must be shown on the document being filed or in a separate document filed simultaneously. *See* 8 AAC 57.040(h). The forms the Commission provides include a Certificate of Service that, if completed, satisfies the proof of service requirement. An example of a Certificate of Service appears below. The party serving the document fills in the names of the parties being served, date served, and method of service, and signs the certificate.

Note: If a party is represented by an attorney, the document must be served on the party's attorney. *See* 8 AAC 57.040(e). If a party is an agency of the State of

Alaska, you must send a copy of the document to the Attorney General in Juneau and to the Assistant Attorney General who appeared in the Board case. When the Assistant Attorney General has filed an entry of appearance, the Attorney General in Juneau no longer needs to be served.

CERTIFICATE OF SERVICE		
I certify that on _____ (date) this Petition for Review 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.)		
☒ **Required:** Director, Alaska Workers' Compensation Division P.O. Box 115512 Juneau, AK 99811	☐ **If opposing party is a State agency:** Attorney General's Office P.O. Box 110300 Juneau, AK 99811-0300	☐ Opposing party **or** party's attorney:
Print name of person who served document		*Signature of person who served document*

1. **Consent to Service by Fax and/or Email.** Service of documents on opposing parties must be by mail or hand delivery, unless the party being served has filed a consent to service by fax and/or email. If you wish to be served by fax or email, you must file and serve AWCAC Form 33, Consent to Service by Fax and/or Email. To complete the form:
   a. Fill in the caption information at the top.
   b. In the first paragraph, print your name and check the appropriate box.
   c. Provide a fax number and/or email address at which you can be served.
   d. Sign, date, and provide a mailing address and telephone number.
   e. Fill out the Certificate of Service at the bottom by:
      1) Filling in the date the document is served.
      2) Checking the box for either mailed, faxed, emailed, or hand delivered to the Commission.
      3) Checking the box for either mailed, faxed, emailed, or hand delivered to the other parties.
      4) Checking the box for opposing party and filling in the name and address (if served by mail or hand delivery), name and fax number (if served by fax), or name and email address (if served by email).
      5) Print name and sign.
2. **Change of Contact Information.** You must inform the Commission and opposing parties of any change in your mailing address, telephone number, fax number, or email address. You may file and serve AWCAC Form 42, Change of Contact Information.

III. FILING A PETITION FOR REVIEW

A. Who May File a Petition for Review. A party to a Board case may petition the Commission for review of an interlocutory Board decision that is not otherwise appealable under 8 AAC 57. Review will be granted if the policy that appeals be taken only from final decisions is outweighed because

1. Postponement of review until appeal may be taken from a final decision or order will result in injustice because of impairment of a legal right, or because of unnecessary delay, expense, hardship, or other related factors;
2. The decision or order involves an important question of law on which there is substantial ground for difference of opinion, and an immediate review of the decision or order may materially advance the ultimate resolution of the claim;
3. The Board has so far departed from the accepted and usual course of proceedings as to call for the Commission's review; or
4. The issue is one which might otherwise evade review, and an immediate decision by the Commission is needed for the guidance of the Board.

See 8 AAC 57.073(a) and (g).

B. When May a Petition for Review Be Filed.

1. A petition must be filed **not later than 15 days** after the date the Board issued the interlocutory decision for which review is sought. *See* 8 AAC 57.075(a). If you want to file a petition after the 15-day period for filing, you must also file and serve a motion requesting the Commission extend the time period to file your petition. *See* 8 AAC 57.140(h). You may file and serve AWCAC Form 30, Motion for Extension of Time to File Petition for Review. Your motion must state why your petition is late and you may need to file evidence to support your motion. The Commission may or may not grant the motion.
2. If a party timely filed a petition for reconsideration with the Board, <u>the 15-day period for filing a Petition for Review does not begin until the day after the Board issues its decision on reconsideration or the day after the time expires for the Board to act on the petition</u>, whichever is <u>earlier</u>. If the Board is going to act on the petition for reconsideration, it must act not later than 30 days after the day the original decision was issued.

   <u>If the time expires for the Board to act on the petition</u>, the petition is considered denied due to the absence of any action. A Petition for Review must be filed with the Commission not later than 15 days after the date the petition for reconsideration was considered denied. Contact the Clerk if you have questions about calculating the time you have to file a petition.
3. When a petition is filed with the Commission, a respondent may file a cross-petition of the <u>same</u> decision. A cross-petition must be filed not later than 15

days after the date in the Certificate of Service, unless served by mail, of the petition. *See* 8 AAC 57.075(c).

C. **How to File a Petition for Review.** When filing a petition, you may use AWCAC Form 31, Petition for Review, or write your own. A petition may not exceed 15 pages in length, exclusive of attachments, and must conform to the requirements in 8 AAC 57.150(a). *See* 8 AAC 57.075(f). Attachments must be listed in an index (AWCAC Form 32, List of Attachments) and placed in front of the attachments. A petition must include:

1. Your name, mailing address, telephone number, and facsimile number or email address;
2. The names, mailing addresses, telephone numbers, and facsimile numbers or email addresses of the other parties, and their attorneys, if represented by attorneys;
3. A copy of the interlocutory or non-final Board decision for which review is sought, or a statement of the substance of the decision or order, if it was rendered orally;
4. A statement of facts needed to understand the question determined by the order or decision of the Board;
5. A statement of the issues sought to be reviewed;
6. Reasons why review should not be postponed until an appeal may be taken from a final decision or order;
7. Reasons why the Board's decision or order is alleged to be erroneous;
8. A statement of the precise relief sought; and
9. Proof of service on the office of the Board panel involved and all parties to the Board case. *See* 8 AAC 57.075(f)(11).

A petition must conform to the requirements in 8 AAC 57.150(a) and must be formatted as follows:

1. be in clear and legible black typeface or hand printing in black ink;
2. be in 12- or 13-point font size;
3. be double-spaced;
4. be on white paper eight and one-half inches wide and 11 inches long;
5. have one-inch margins all around;
6. have footers and footnotes that are single-spaced; the footers and footnotes may be typed in a smaller font, but not smaller than 10-point;
7. if longer than one page, have pages numbered consecutively; and
8. include proof of service on the other parties.

IV. COMMISSION ACTION AFTER A PETITION FOR REVIEW IS FILED

A. Docket Notice. After a petition is filed, the Clerk will issue a Docket Notice informing the Board and parties of the date and number of the decision sought to be reviewed, name of the party filing the petition, and docket number assigned to the petition by the Commission. *See* 8 AAC 57.075(e). If any required items are missing, the Docket Notice will state which items are missing and give time for the items to be filed.

A. Assignment of Commissioners. Upon the filing of a petition, the Chair will notify the parties of the names of the Commissioners assigned to decide the petition. If you think there is a reason that a Commissioner should not decide the petition, you must file and serve a motion to disqualify the Commissioner not later than 10 days after the date in the Certificate of Distribution, unless distributed by mail,[3] of the Notice of Commissioner Assignments. *See* 8 AAC 57.080(c). You may use AWCAC Form 37, Motion/Request. The reasons for disqualification are set out in AS 23.30.007(*l*).

V. FILING A CROSS-PETITION FOR REVIEW

A. Who May File a Cross-Petition for Review. When a petition is filed, a respondent may file and serve a cross-petition for review (cross-petition) of the same interlocutory or non-final Board decision. The cross-petition is decided at the same time as the petition. Review will be granted if the policy that appeals be taken only from final decisions and orders is outweighed because

1. Postponement of review until appeal may be taken from a final decision or order will result in injustice because of impairment of a legal right, or because of unnecessary delay, expense, hardship, or other related factors;
2. The decision or order involves an important question of law on which there is substantial ground for difference of opinion, and an immediate review of the decision or order may materially advance the ultimate resolution of the claim;
3. The Board has so far departed from the accepted and usual course of proceedings as to call for the Commission's review; or
4. The issue is one which might otherwise evade review, and an immediate decision by the Commission is needed for the guidance of the Board.

See 8 AAC 57.073(a) and (g).

B. When a Cross-Petition for Review May Be Filed. A respondent may file a cross-petition not later than 15 days after the date in the Certificate of Service, unless served by mail, of the petition. *See* 8 AAC 57.075(c). To file a cross-petition after 15 days, a motion asking the Commission to accept the late-filed cross-petition

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[3] In the event a document is served or distributed by mail, three calendar days are added to the prescribed time period, 8 AAC 57.055 and 8 AAC 57.057(a).

and stating why the cross-petition is late must be filed and served with the cross-petition.

C. **How to File a Cross-Petition for Review.** You may use AWCAC Form 35, Cross-Petition for Review, or write your own. A cross-petition may not exceed 15 pages in length, exclusive of attachments, and must conform to the requirements in 8 AAC 57.150(a). *See* 8 AAC 57.075(f). Attachments must be listed in an index (AWCAC Form 32, List of Attachments) and placed in front of the attachments. A cross-petition must include:

1. Your name, mailing address, telephone number, and facsimile number or email address;
2. The names, mailing addresses, telephone numbers, and facsimile numbers or email addresses of the other parties, and their attorneys, if represented by attorneys;
3. A copy of the interlocutory or non-final Board decision for which review is sought, or a statement of the substance of the decision or order, if it was rendered orally;
4. A statement of facts needed to understand the question determined by the order or decision of the Board;
5. A statement of the issue(s) sought to be reviewed;
6. A statement of the reasons why review should not be postponed until an appeal may be taken from a final decision or order;
7. A statement of the reasons why the Board's decision or order is alleged to be erroneous;
8. A statement of the precise relief sought; and
9. Proof of service on the office of the Board panel involved and all parties to the Board case. *See* 8 AAC 57.075(f).

A cross-petition must conform to the requirements in 8 AAC 57.150(a) and be formatted as follows:

1. be in clear and legible black typeface or hand printing in black ink;
2. be in 12- or 13-point font size;
3. be double-spaced;
4. be on white paper eight and one-half inches wide and 11 inches long;
5. have one-inch margins all around;
6. have footers and footnotes that are single-spaced; the footers and footnotes may be typed in a smaller font, but not smaller than 10-point;
7. if longer than one page, have pages numbered consecutively; and

8. include proof of service on the other parties.

VI. COMMISSION ACTION AFTER A CROSS-PETITION FOR REVIEW IS FILED.

Docket Notice. When a cross-petition is filed, the Clerk will issue a Docket Notice informing the Board and parties of the cross-petition and the name of the party filing the cross-petition. *See* 8 AAC 57.75(e). If a cross-petition is filed, the respondent will also become the cross-petitioner and the petitioner will also become the cross-respondent.

VII. OPPOSITION TO A PETITION OR CROSS-PETITION FOR REVIEW

Not later than 15 days after the date in the Certificate of Service, unless served by mail, of a petition or cross-petition, a party may file an opposition, not exceeding 15 pages in length, exclusive of attachments, and conforming to the requirements in 8 AAC 57.150(a). *See* 8 AAC 57.075(g). You may use AWCAC Form 36, Opposition to Petition for Review or Cross-Petition for Review, or write your own. Attachments must be listed in an index (you may use AWCAC Form 32, List of Attachments), and placed in front of the attachments. An opposition must include:

1. Objections to the Commission's consideration of the petition or cross-petition; and
2. Proof of service on the office of the Board panel involved and all parties to the Board case. *See* 8 AAC 57.075(g).

A petitioner or cross-petitioner may not file a reply to an opposition unless ordered by the Commission. *See* 8 AAC 57.075(h).

VIII. DECISION

The Commission will decide whether to grant or deny a petition or cross-petition not later than 30 days after the response to the petition or cross-petition is filed or the due date to file the response has passed. Oral argument will not be held on the question of whether the petition or cross-petition should be granted. A motion for reconsideration of the denial of a petition cross-petition may not be filed.

If a petition or cross-petition is granted, the Commission will specify in the order granting the petition or cross-petition whether additional briefing is required of the parties, and whether the Commission wishes to hear oral argument on the petition or cross-petition.

If the Commission orders additional briefing or holds oral argument on the petition or cross-petition, the Commission will issue its decision on the granted petition or cross-petition not later than 60 days from the date the last brief is filed or oral argument is held, whichever is later. *See* 8 AAC 57.077.

If you wish to request the Commission reconsider its decision, you may file and serve AWCAC Form 44, Motion for Reconsideration.

IX. AWARD OF COSTS

If you win the petition, you may file and serve a motion for an award of costs not later than 10 days after the date of distribution of the decision. *See* AS 23.30.008(d) and 8 AAC 57.260. You may request the cost of copying and mailing petitions, cross-petitions, oppositions, and motions.

You must serve copies of your motion for costs on the other parties, who will have 10 days to file an opposition. The Commission will then decide what costs to award and send all parties a copy of the order.

X. Petition for Review Forms

Title	Number	Purpose
Self-Represented Petitioner's Motion for Extension of Time to File Petition for Review	AWCAC Form 30	Request more time to file a petition
Self-Represented Petitioner's Petition for Review	AWCAC Form 31	Begin a petition
Self-Represented Litigant's List of Attachments	AWCAC Form 32	List documents attached in support of petition or opposition
Self-Represented Litigant's Consent to Service by Fax and/or Email	AWCAC Form 33	Give consent to service of documents by fax or email
Self-Represented Respondent's Notice of Nonparticipation	AWCAC Form 34	For respondent who does not wish to participate in petition
Self-Represented Respondent's Cross-Petition for Review	AWCAC Form 35	Petition the same decision, but for different reasons
Self-Represented Litigant's Opposition to Petition for Review or Cross-Petition for Review	AWCAC Form 36	Oppose either the petition or cross-petition
Self-Represented Litigant's Motion/ Request	AWCAC Form 37	Request the Chair or Commission to do a certain thing
Self-Represented Litigant's Motion for Routine Extension of Time	AWCAC Form 38	To request one automatically granted 10-day extension of time
Self-Represented Litigant's Motion for Extension of Time	AWCAC Form 39	To request an extension of time of up to 30 days
Self-Represented Litigant's Opposition to Motion	AWCAC Form 40	Oppose another litigant's motion
Self-Represented Litigant's Show of Good Cause	AWCAC Form 41	Give reasons why for not following an order of the Commission or Chair
Self-Represented Litigant's Change of Contact Information	AWCAC Form 42	Inform Commission and other litigants of new contact information
Self-Represented Litigant's Certificate of Service	AWCAC Form 43	Show proof of service of documents
Self-Represented Litigant's Motion for Reconsideration	AWCAC Form 44	Ask the Commission to reconsider its decision

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Petitioner, (*party filing petition for review*)	
vs.	
Respondent(s). (*all other parties to petition*)	AWCAC Appeal No. _____ AWCB Decision No. _____ AWCB Case No. _____

SELF-REPRESENTED PETITIONER'S MOTION FOR EXTENSION OF TIME TO FILE PETITION FOR REVIEW

I, _____, am the Petitioner. I request the Commission grant me an extension of time of _____ days to file my Petition for Review. I was late in filing my Petition for Review 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 15 days after the date of the Alaska Workers' Compensation Board's decision.

☐ This form is being filed _____ days after the date of the Alaska Workers' Compensation Board's decision. My Petition for Review is attached.

_____
Signature Date

_____
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 Petition for Review 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.)		
☒ **Required:** Alaska Workers' Compensation Board (office that issued decision) ☐ 3301 Eagle Street, Suite 304, Anchorage, AK 99503 ☐ 675 7th Ave, Station K, Fairbanks, AK 99701 ☐ P.O. Box 115512, Juneau, AK 99811	☐ **If opposing party is a State agency:** Attorney General's Office P.O. Box 110300 Juneau, AK 99811-0300	☐ Opposing party **or** party's attorney (if represented):
Print name of person who served document		*Signature of person who served document*

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

_____ Petitioner, (*party filing petition for review*)	
vs.	
_____	AWCAC Appeal No. _____
_____ Respondent(s). (*all other parties to petition*)	AWCB Decision No. _____ AWCB Case No. _____

SELF-REPRESENTED PETITIONER'S PETITION FOR REVIEW

I, _____, petition the Alaska Workers' Compensation Appeals Commission (Commission) to review Alaska Workers' Compensation Board (Board) Interlocutory Decision No. _____, issued on _____. I have attached a copy of the decision or order that I want the Commission to review. I am not represented by an attorney and I am filing this petition myself.

My name is: _____

My mailing address is: _____

_____

My telephone number is: _____

My fax number is: _____

My email address is: _____

☐ The Board's order is against the Petitioner which is a ☐ corporation, ☐ partnership, or ☐ other unincorporated association, and I represented it before the Board. I am not an attorney and I know I must find an attorney to proceed before the Commission. 8 AAC 57.065(a)(1) and (2).

The names, mailing addresses, telephone numbers, facsimile numbers, and email addresses of the other parties, and any attorney representing a party, are:

Respondent	Respondent's Attorney
Name: Address: City, State, Zip Telephone: Fax: Email:	Attorney name: Firm name: Address: City, State, Zip Telephone: Fax: Email:
Name: Address: City, State, Zip Telephone: Fax: Email:	Attorney name: Firm name: Address: City, State, Zip Telephone: Fax: Email:
Name: Address: City, State, Zip Telephone: Fax: Email:	Attorney name: Firm name: Address: City, State, Zip Telephone: Fax: Email:

STATEMENT OF FACTS

These are the facts that the Commission needs to know to understand the question determined by the Board when it issued its decision or order.

_____

_____

_____

_____

_____

_____

_____

_____ (Attach more pages if needed.)

I have attached copies of documents that the Board had in its file when it issued the decision that I would like the Commission to review. The documents support these facts and are in order by date. I have provided a list of all the documents attached, using AWCAC Form 32, List of Attachments, and placed the list in front of my attachments.

STATEMENT OF THE ISSUES (REASONS) REVIEW IS SOUGHT

These are the questions that the Commission needs to decide in its review.

_____. (Attach more pages if needed.)

Reasons Why Review Should Not be Postponed Until Appeal May be Taken from a Final Decision or Order of the Board

I know that if I do not appeal an interlocutory decision or order of the Board, I can reserve my right to appeal until the Board's final decision is issued. Then, if the Board's decision is against me, I can appeal that decision and the interlocutory decision or order of the Board at the same time. Or, if the Board's final decision is in my favor, then, if the other side appeals, I can file a cross-appeal that challenges the interlocutory decision or order of the Board. But I do not want to wait. I have good reasons why the Commission should allow me to file an appeal now.

These are my reasons why the Commission should not wait to decide the issues listed under my **Statement of the Issues (Reasons) Review is Sought** until the Board issues a final decision in my workers' compensation case:

_____. (Attach more pages if needed.)

Reasons Why the Board's Decision or Order is Alleged to be Erroneous

I know that the Commission cannot grant a petition for review just because I disagree with the Board's decision. In my case the Board made errors of law or made findings of fact without substantial evidence to support the findings. The Board errors led to a decision or order that I think is wrong. Here is where I describe the Board's errors and explain how those errors led to this wrong decision or order.

_____. (Attach more pages if needed.)

STATEMENT OF THE PRECISE RELIEF SOUGHT

I ask the Commission to do the following to the Board's order (I have identified the order paragraph numbers that I believe are wrong):

_____

_____

_____

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_____. (Attach more pages if needed.)

_____
Signature Date

_____
Mailing Address

_____
City, State, Zip

_____ _____
Telephone Number Fax Number and/or Email

CERTIFICATE OF SERVICE		
I certify that on _____ (date) this Petition for Review 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.)		
☒ **Required:** Alaska Workers' Compensation Board (office that issued decision) ☐ 3301 Eagle Street, Suite 304, Anchorage, AK 99503 ☐ 675 7th Ave, Station K, Fairbanks, AK 99701 ☐ P.O. Box 115512, Juneau, AK 99811	☐ **If opposing party is a State agency:** Attorney General's Office P.O. Box 110300 Juneau, AK 99811-0300	☐ Opposing party **or** party's attorney:
_____ *Print name of person who served document*		_____ *Signature of person who served document*

List of Attachments

Document Date	Document Title

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Petitioner, (*party filing petition for review*)	
vs.	
	AWCAC Appeal No. _____
	AWCB Decision No. _____
Respondent(s). (*all other parties to petition*)	AWCB Case No. _____

SELF-REPRESENTED LITIGANT'S CONSENT TO SERVICE BY FAX AND/OR EMAIL

I, _____, am the ☐ Petitioner ☐ Respondent. I hereby consent to service of all documents in this petition for review by

☐ fax to _____ and/or ☐ email to _____.

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 Consent to Service by Fax and/or Email 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.)		
		☐ Opposing party **or** party's attorney (if represented):
Print name of person who served document		*Signature of person who served document*

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Petitioner, (*party filing petition for review*)	
vs.	
	AWCAC Appeal No. _____
	AWCB Decision No. _____
Respondent(s). (*all other parties to petition*)	AWCB Case No. _____

SELF-REPRESENTED RESPONDENT'S NOTICE OF NONPARTICIPATION

I, _____, am a Respondent and I elect not to participate in the

☐ motion for stay only (if a motion for stay has been filed)

or

☐ entire petition for review.

I understand that pursuant to 8 AAC 57.020(c), a respondent may elect at any time not to participate in a petition for review by filing and serving a notice of nonparticipation, and that filing a notice of nonparticipation does not affect whether the respondent is bound by the decision on the petition for review.

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 Notice of Nonparticipation 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.)		
		☐ Opposing party **or** party's attorney (if represented):
Print name of person who served document		*Signature of person who served document*

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

_____ Petitioner/Cross-Respondent, (*party filing petition for review*)	
vs.	
_____ Respondent(s)/Cross-Petitioner(s). (*all other parties to petition*)	AWCAC Appeal No. _____ AWCB Decision No. _____ AWCB Case No. _____

RESPONDENT'S CROSS-PETITION FOR REVIEW

I, _____, cross-petition the Alaska Workers' Compensation Appeals Commission (Commission) to review Alaska Workers' Compensation Board (Board) Interlocutory Decision No. _____, issued on _____. I have attached a copy of the decision or order that I want the Commission to review. I am not represented by an attorney and I am filing this cross-petition myself.

My name is: _____

My mailing address is: _____

_____

My telephone number is: _____

My fax number is: _____

My email address is: _____

☐ The Board's order is against the Cross-Petitioner which is a ☐ corporation, ☐ partnership, or ☐ other unincorporated association, and I represented it before the Board. I am not an attorney and I know I must find an attorney to proceed before the Commission. 8 AAC 57.065(a)(1) and (2).

The names, mailing addresses, telephone numbers, facsimile numbers, and email addresses of the other parties, and any attorney representing a party, are:

Petitioner	Petitioner's Attorney
Name: Address: City, State, Zip Telephone: Fax: Email:	Attorney name: Firm name: Address: City, State, Zip Telephone: Fax: Email:
Name: Address: City, State, Zip Telephone: Fax: Email:	Attorney name: Firm name: Address: City, State, Zip Telephone: Fax: Email:
Name: Address: City, State, Zip Telephone: Fax: Email:	Attorney name: Firm name: Address: City, State, Zip Telephone: Fax: Email:

STATEMENT OF FACTS

These are the facts that the Commission needs to know to understand the question determined by the Board when it issued its decision or order.

_____

_____

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_____ (Attach more pages if needed.)

I have attached copies of documents that the Board had in its file when it issued the decision that I would like the Commission to review. The documents support these facts and are in order by date. I have provided a list of all the documents attached, using AWCAC Form 32, List of Attachments, and placed the list in front of my attachments.

STATEMENT OF THE ISSUES (REASONS) REVIEW IS SOUGHT

These are the questions that the Commission needs to decide in its review.

_____. (Attach more pages if needed.)

Reasons Why Review Should Not be Postponed Until Appeal May be Taken from a Final Decision or Order of the Board

I know that if I do not appeal an interlocutory or non-final decision or order of the Board, I can reserve my right to appeal until the Board's final decision is issued. Then, if the Board's decision is against me, I can appeal that decision and the interlocutory or non-final decision or order of the Board at the same time. Or, if the Board's final decision is in my favor, then, if the other side appeals, I can file a cross-appeal that challenges the interlocutory or non-final decision or order of the Board. But I do not want to wait. I have good reasons why the Commission should allow me to file an appeal now.

These are my reasons that the Commission should not wait to decide the issue(s) listed under my **Statement of the Issues (Reasons) Review is Sought** until the Board issues a final decision in my workers' compensation case:

_____

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_____. (Attach more pages if needed.)

Reasons Why the Board's Decision or Order is Alleged to be Erroneous

I know that the Commission cannot grant a petition for review just because I disagree with the Board's action. In my case the Board made errors of law or made findings of fact without substantial evidence to support the findings. The Board errors led to a decision or order that I think is wrong. Here is where I describe the Board's errors and explain how those errors led to this wrong decision or order.

_____. (Attach more pages if needed.)

STATEMENT OF THE PRECISE RELIEF SOUGHT

I ask the Commission to do the following to the Board's order (I have identified the order paragraph numbers that I believe are wrong):_____

_____

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_____. (Attach more pages if needed.)

_____
Signature Date

_____
Mailing Address

_____
City, State, Zip

_____ _____
Telephone Number Fax Number and/or Email

CERTIFICATE OF SERVICE		
I certify that on _____ (date) this Cross-Petition for Review 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.)		
☒ **Required:** Alaska Workers' Compensation Board (office that issued decision) ☐ 3301 Eagle Street, Suite 304, Anchorage, AK 99503 ☐ 675 7th Ave, Station K, Fairbanks, AK 99701 ☐ P.O. Box 115512, Juneau, AK 99811	☐ **If opposing party is a State agency:** Attorney General's Office P.O. Box 110300 Juneau, AK 99811-0300	☐ Opposing party **or** party's attorney (if represented):
_____ *Print name of person who served document*		_____ *Signature of person who served document*

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Petitioner, (*party filing petition for review*)	
vs.	
Respondent(s). (*all other parties to petition*)	AWCAC Appeal No. _____ AWCB Decision No. _____ AWCB Case No. _____

OPPOSITION TO PETITION FOR REVIEW OR CROSS-PETITION FOR REVIEW

I, _____, am the ☐ Petitioner ☐ Respondent.

I oppose the ☐ Petition for Review ☐ Cross-Petition for Review for the following reasons:_____

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_____. (Attach more pages if needed, but no more than 15 pages total.)

I have attached copies of documents that the Board had in its file when it issued the decision that I would like the Commission to review. The documents support these facts and are in order by date. I have provided a list of all the documents attached, using AWCAC Form 32, List of Attachments, and placed the list in front of my attachments.

_____
Signature Date

_____
Mailing Address

_____
City, State, Zip

_____ _____
Telephone Number Fax Number and/or Email

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.)		
		☐ Opposing party **or** party's attorney (if represented):
Print name of person who served document		*Signature of person who served document*

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

_____ Petitioner, (*party filing petition for review*)	
vs.	
_____ Respondent(s). (*all other parties to petition*)	AWCAC Appeal No. _____ AWCB Decision No. _____ AWCB Case No. _____

SELF-REPRESENTED LITIGANT'S MOTION/REQUEST

I, _____, am the ☐ Petitioner ☐ Respondent. I request that the Commission do the following: _____

_____

for these reasons: _____

_____

_____

_____. (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 Motion 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.)		
		☐ Opposing party **or** party's attorney (if represented):
_____ *Print name of person who served document*		_____ *Signature of person who served document*

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

_____ Petitioner, (*party filing petition for review*)	
vs.	
_____ Respondent(s). (*all other parties to petition*)	AWCAC Appeal No. _____ AWCB Decision No. _____ AWCB Case No. _____

SELF-REPRESENTED LITIGANT'S MOTION FOR ROUTINE EXTENSION OF TIME

I, _____, am the ☐ Petitioner ☐ Respondent. I request a routine extension of time for 30 days to file my _____ for these reasons: _____

_____

_____.

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 Motion for Routine Extension of Time 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.)		
		☐ Opposing party **or** party's attorney (if represented):
_____		_____
Print name of person who served document		*Signature of person who served document*

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

_____ Petitioner, (*party filing petition for review*)	
vs.	
_____	AWCAC Appeal No. _____
_____	AWCB Decision No. _____
Respondent(s). (*all other parties to petition*)	AWCB Case No. _____

SELF-REPRESENTED LITIGANT'S MOTION FOR EXTENSION OF TIME

I, _____, am the ☐ Petitioner ☐ Respondent. I request the Commission give me _____ additional days to file my _____ _____, which is due on _____, because _____.

☐ On _____, I emailed/spoke with _____, who is/represents the opposing party, who told me there is no objection to this request.

OR

☐ On _____, I emailed/telephoned to _____, who is/represents the opposing party, but was unable to determine if the opposing party objected to my request because: _____ _____.

I have received _____ days of prior extensions.

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 Motion for Extension of Time 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.)

		☐ Opposing party **or** party's attorney (if represented):

Print name of person who served document	*Signature of person who served document*

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

_____ Petitioner, (*party filing petition for review*)	
vs.	
_____	AWCAC Appeal No. _____
_____	AWCB Decision No. _____
Respondent(s). (*all other parties to petition*)	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.)		
		☐ Opposing party **or** party's attorney (if represented):
_____		_____
Print name of person who served document		*Signature of person who served document*

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Petitioner, (*party filing petition for review*) vs. Respondent(s). (*all other parties to petition*)	AWCAC Appeal No. _____ AWCB Decision No. _____ AWCB Case No. _____

SELF-REPRESENTED LITIGANT'S SHOW OF GOOD CAUSE

I, _____, am the ☐ Petitioner ☐ Respondent. The reasons why I have not filed my _____ are 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 Show of Good Cause 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.)		
		☐ Opposing party **or** party's attorney (if represented):
Print name of person who served document		*Signature of person who served document*

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Petitioner, (*party filing petition for review*)	
vs.	
	AWCAC Appeal No. _____
	AWCB Decision No. _____
Respondent(s). (*all other parties to petition*)	AWCB Case No. _____

SELF-REPRESENTED LITIGANT'S CHANGE OF CONTACT INFORMATION

I, _____, am the ☐ Petitioner ☐ Respondent and I hereby inform the Commission of the following changes in my contact information:

New Mailing Address: _____

_____

New Telephone Number: _____

New Fax Number: _____

New Email Address: _____

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 Change of Address of Record 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.)		
		☐ Opposing party **or** party's attorney (if represented):
Print name of person who served document		*Signature of person who served document*

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

_____ Petitioner, (*party filing petition for review*)	
vs.	
_____ Respondent(s). (*all other parties to petition*)	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:

☐ Alaska Workers' Compensation Board (office that issued decision) ☐ 3301 Eagle Street, Suite 304, Anchorage, AK 99503 ☐ 675 7th Ave, Station K, Fairbanks, AK 99701 ☐ P.O. Box 115512, Juneau, AK 99811	☐ **If opposing party is a State agency:** Attorney General's Office P.O. Box 110300 Juneau, AK 99811-0300	☐ Opposing party **or** party's attorney:

The person filing this document MUST sign below.

_____
Signature Date

_____
Mailing Address

_____
City, State, Zip

_____ _____
Telephone Number Fax Number and/or Email

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

_____ Petitioner, (*party filing petition for review*)	
vs.	
_____	AWCAC Appeal No. _____
_____	AWCB Decision No. _____
Respondent(s). (*all other parties to petition*)	AWCB Case No. _____

SELF-REPRESENTED LITIGANT'S MOTION FOR RECONSIDERATION

I, _____, am the ☐ Petitioner ☐ Respondent. I request that the Commission reconsider its _____

_____

for these reasons: _____

_____

_____

_____

_____

_____. (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 Motion for Reconsideration 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.)		
		☐ Opposing party **or** party's attorney (if represented):
_____		_____
Print name of person who served document		*Signature of person who served document*