

# INSTRUCTIONS FOR SELF-REPRESENTED LITIGANTS

## *Appellee Packet*

To respond to an appeal of an Alaska Workers' Compensation Board final decision, that was in your favor, 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](mailto:awcac.clerk@alaska.gov)  
Webpage: <https://labor.alaska.gov/wccomm>

## Table of Contents

Schedule and Filing Timeline for an Appeal	3
Introduction	4
I.    ALASKA WORKERS' COMPENSATION APPEALS COMMISSION	5
A. What is the Commission?	5
B. Commission Staff	5
C. Appeals to the Commission	5
D. Notice of Nonparticipation	6
E. Cross-Appeals to the Commission	6
II.   DEFINITIONS	7
A. Appellant	7
B. Appellee	7
C. Cross-Appellant	7
D. Brief	7
E. Days	7
F. Filing	7
G. Motion	7
H. Party	7
I. Service	7
1. Consent to Service by Fax or Email	8
2. Change of Contact Information	8
III.  FILING AN APPEAL	9
A. Who May File an Appeal?	9
B. When an Appeal May be Filed	9
C. Who May File a Cross-Appeal?	9
D. When a Cross-Appeal May be Filed	9
E. How to File a Cross-Appeal	10
IV.   COMMISSION ACTION AFTER AN APPEAL IS FILED	10
A. Assignment of Commissioners	10
B. Docket Notice	11
C. Designation of Board Hearing Recordings for Transcription	11
D. Preparation of the Board Record	12
E. Briefing Schedule, Brief Format and Content, and Excerpt of Record	12
F. Oral Argument	16
V.    DECISION	17
VI.   AWARD OF COSTS	18
VII.  APPELLEE FORMS	19

## SCHEDULE AND FILING TIMELINE FOR AN APPEAL

APPELLANT (Litigant who files an appeal)	ALASKA WORKERS' COMPENSATION APPEALS COMMISSION	APPELLEES (All litigants to Board case who did <b>not</b> file appeal)
File notice of appeal not later than <b>30 days</b> after Board decision date with \$50 filing fee <u>or</u> motion to excuse payment of filing fee and/or transcript cost.		Cross-appeal may be filed not later than <b>30 days</b> after Board decision date <u>or</u> not later than <b>15 days</b> after date shown in certificate of service, unless served by mail, <sup>1</sup> of notice of appeal, <u>whichever is later</u> . No filing fee.
	Upon receipt of complete notice of appeal, Chair assigns Commissioners.	
May file motion to disqualify a Commissioner not later than <b>10 days</b> after date shown in certificate of distribution, unless distributed by mail, of Commissioner assignments notice.		May file motion to disqualify a Commissioner not later than <b>10 days</b> after date shown in certificate of distribution, unless distributed by mail, of Commissioner assignments notice.
	Clerk issues notice to Board requesting record, hearing recordings not previously transcribed, and list of previously prepared hearing transcripts.	
	Hearing recordings not previously transcribed and list of previously prepared hearing transcripts due not later than <b>15 days</b> after date shown in certificate of distribution, unless distributed by mail, of Clerk's notice. Clerk issues notice of hearing recordings and transcripts.	
Designation of Board hearing recordings for transcription due not later than <b>10 days</b> after date shown in certificate of distribution, unless distributed by mail, of Clerk's Notice of Board Hearings.		May file not later than <b>10 days</b> after date shown in certificate of service, unless served by mail, of appellant's designation, a designation of essential Board hearing recordings not designated by appellant.
Contact Clerk to coordinate transcript preparation not later than <b>10 days</b> after date shown in certificate of service, unless served by mail, of appellee's designation for transcription, or after due date for appellee's designation has passed.	Clerk provides designated hearing recordings to transcriptionist and notifies litigants of date transcripts are due.	
	Board record due not later than <b>45 days</b> after date shown in certificate of distribution, unless distributed by mail, of Clerk's notice to the Board.	
	Upon receipt of record and transcripts, Chair issues Notice and Instructions to File Briefs.	
Appellant's opening brief and excerpt of record due not later than <b>30 days</b> after date shown in certificate of distribution, unless distributed by mail, of Brief Notice. Extensions will change due date.		Responsive brief to appellant's opening brief and excerpt of record due not later than <b>30 days</b> after date shown in certificate of service, unless served by mail, of appellant's brief. Extensions will change due date.
Reply brief to appellee's responsive brief may be filed not later than <b>20 days</b> after date shown in certificate of service, unless served by mail, of appellee's brief. Extensions will change due date.		
Written request for oral argument may be filed not later than <b>10 days</b> after date on which last brief is filed or due to be filed.		Written request for oral argument may be filed not later than <b>10 days</b> after date on which last brief is filed or due to be filed.
	Appeal is decided based on record, transcripts, briefs, and oral argument (if held); has <b>90 days</b> to issue its decision.	

<sup>1</sup> 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 APPELLEES**

To respond to an appeal of an Alaska Workers' Compensation Board decision,  
that was in your favor,  
to the Alaska Workers' Compensation Appeals Commission

### **INTRODUCTION**

If you believe the Alaska Workers' Compensation Board (Board) decided your claim or petition correctly, but an opposing party has filed an appeal to the Alaska Workers' Compensation Appeals Commission (Commission), you have the right to respond to the appeal and argue that the Board's decision was correct.

The laws that govern the Commission and the appeal procedures are in the Alaska Workers' Compensation Act (AS 23.30.001 - .395) and the Commission's regulations in the Alaska Administrative Code (8 AAC 57.010 - .990).

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.](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>.

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

Before you respond to an appeal, please read the information that follows about the Commission and the appeal process. If you have questions, contact the Commission Clerk at:

Alaska Workers' Compensation Appeals Commission  
3301 Eagle Street, Suite 305  
Anchorage, AK 99503  
Telephone: (907) 269-6738  
E-mail: [awcac.clerk@alaska.gov](mailto: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 hears appeals of the Board's final decisions. The Commission has 5 members (Commissioners), 3 of whom are assigned to each panel that decides an appeal. 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 an appeal; 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 an appeal;
- whether a particular case or statute applies in an appeal;
- 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 case or 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.

**C. Appeals to the Commission.** An appeal to the Commission is a review of the Board's final decision; it is not a new Board hearing. **Note:** In an appeal, the Commission cannot accept any new evidence regarding the claim or petition decided by the Board. The only information the Commission will consider in an appeal is:

1. The transcripts (typed text of what was said) of Board hearings;

2. Any items offered as evidence at the Board hearing;
3. The documents and depositions in the Board file;
4. Legal briefs filed in the appeal; and
5. Oral argument, if held.

**D. Notice of Nonparticipation.** If you do not wish to participate in an appeal, or do not wish to participate in only the motion for stay of the Board's decision (if a motion for stay was filed with the Notice of Appeal), you must file and serve AWCAC Form 08, Appellee's Notice of Nonparticipation. The notice includes a statement that you understand, pursuant to 8 AAC 57.020(f), you may elect at any time not to participate in an appeal by filing and serving a notice of nonparticipation, and that filing a notice of nonparticipation does not affect whether you are bound by the decision on appeal. To complete AWCAC Form 08, you must:

1. Caption: fill in the information as shown on the Notice of Appeal.
2. In the first paragraph, print your name and check the appropriate box for whether you do not wish to participate in the motion for stay only, or do not wish to participate in the entire appeal.
3. Sign, date, and provide a mailing address, telephone number, and a fax number or an email address, if you have one.
4. Fill out the Certificate of Service at the bottom of the form by:
  - a. Filling in the date the document is served.
  - b. Checking the box for either mailed, faxed, emailed, or hand delivered to the Commission.
  - c. Checking the box for either mailed, faxed, emailed, or hand delivered to the other parties.
  - d. Checking the box for opposing party or their attorney 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).
  - e. Print name and sign.

**E. Cross-Appeals to the Commission.** A cross-appeal is an appeal brought by an appellee of the same Board decision, but for different reasons. The cross-appeal is heard at the same time as appellant's appeal.

To file a cross-appeal, you must file and serve a Notice of Cross-Appeal with the Commission not later than 30 days after the date of the Board's final decision, or not later than 15 days after the date in the Certificate of Service, unless served by mail, of appellant's Notice of Appeal, whichever is later. *See AS 23.30.127(c)*. If a cross-appeal is filed, appellee will also become the cross-appellant and appellant will also become the cross-appellee.

## II. DEFINITIONS

- A. Appellant.** The party that begins an appeal.
- B. Appellee.** One of the other parties to the Board proceeding who did not begin an appeal.
- C. Cross-Appellant.** An appellee in the original appeal who files a cross-appeal of the same Board decision, but for different reasons. Appellant will also become the cross-appellee.
- B. Brief.** A document that states a party's legal arguments.
- C. 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. *See* 8 AAC 57.060.
- D. 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, will be 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).
- E. Motion.** A request for specific action by the Chair or Commission. For example, a party requests an extension of time to file a document. *See* 8 AAC 57.090 and 8 AAC 57.210.
- F. Party.** An individual, company, or organization that participates in an appeal.
- G. 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 being served has given consent, by faxing or emailing a copy of the document to the party on the same day. *See* 8 AAC 57.040 and 8 AAC 57.050. If an appellee filed a notice of nonparticipation, service on that non-participating appellee 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 appears below. The party serving the document fills in the identities of the parties being served, the date served, the 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 proceeding. 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 Notice of Appeal and Statement of Grounds were <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 this 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 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:
<hr/> <i>Print name of person who served document</i>		<hr/> <i>Signature of person who served document</i>

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 notice of 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 09, Consent to Service by Fax and/or Email. Complete the form by:
  - a. Filling in the caption information as it is shown on the Notice of Appeal.
  - b. In the first paragraph, print your name and check the box for Appellee.
  - 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 of the form by:
    - a. Filling in the date the document is served.
    - b. Checking the box for either mailed, faxed, emailed, or hand delivered to the Commission.
    - c. Checking the box for either mailed, faxed, emailed, or hand delivered to the other parties.
    - d. 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).
    - e. Print name and sign.
2. **Change of Contact Information.** It is your responsibility to 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 25, Change of Contact Information.

### III. FILING AN APPEAL

**A. Who May File an Appeal.** If a party believes the Board made mistakes in its final decision, that party may file an appeal.

**B. When an Appeal May Be Filed.**

1. An appeal may be filed only after all Board proceedings, including a petition for reconsideration filed with the Board, have been completed and the Board has issued a final decision.
2. A Notice of Appeal must be filed with the Commission not later than 30 days after the date the final Board decision was issued. *See* AS 23.30.127 and 8 AAC 57.070(a). The 30-day period begins the day after the Board issued the decision.
3. If a party timely filed a petition for reconsideration with the Board, the 30-day period for filing a Notice of Appeal 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, whichever is earlier. 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 final decision was issued.

If the time expires for the Board to act on the petition, it is considered denied due to the absence of any action. A Notice of Appeal must be filed not later than 30 days after the date the petition for reconsideration was considered denied.

4. If a party wants to file a Notice of Appeal after the 30-day period for filing, that party must also file and serve a motion requesting the Commission extend the time period to file the appeal. *See* 8 AAC 57.140(h). The motion must state why the appeal is late and the party may need to file evidence to support the motion. The Commission may or may not grant the motion.

**C. Who May File a Cross-Appeal?** If you, as appellee, believe the Board made mistakes when it decided a workers' compensation claim or petition, mistakes the appellant did not list in the Statement of Grounds for Appeal, then you may file and serve a Notice of Cross-Appeal and Statement of Grounds for Cross-Appeal listing the mistakes you believe the Board made in its decision.

**D. When a Cross-Appeal May be Filed.** A Notice of Cross-Appeal may be filed not later than 30 days after the date of the Board's final decision, or not later than 15 days after the date in the Certificate of Service, unless served by mail, of appellant's Notice of Appeal, whichever is later. *See* AS 23.30.127(c). If you need more time to file a Notice of Cross-Appeal, you may request an extension of time before the expiration of that time period by filing AWCAC Form No. 14, Motion for Extension of Time. *See* 8 AAC 57.140(h).

**E. How to File a Cross-Appeal.** To file a cross-appeal, file and serve AWCAC Form 10, Notice of Cross-Appeal and Statement of Grounds for Cross-Appeal, as follows:

1. Fill in the caption the same as in the Notice of Appeal.
2. In the first paragraph, print your name, AWCB Decision No., date the decision was issued, and AWCB Case No. Attach a copy of the decision to the form.
3. In the Statement of Grounds for Cross-Appeal, write a short list of the issues you disagree with in the Board's decision. More pages can be attached if needed, but you can give more detailed arguments in your responsive brief later in the appeal process.
4. Check the box to the left of the signature block if the Notice of Cross-Appeal is being filed not later than 30 days after the date of the Board decision, or not later than 15 days after the date in the Certificate of Service, unless served by mail, of the Notice of Appeal, whichever is later.
5. Sign, date, and provide a mailing address, telephone number, and either a fax number or an email address, if you have one.
6. Fill out the Certificate of Service at the bottom of the form by:
  - a. Filling in the date the document is served.
  - b. Checking the box for either mailed, faxed, emailed, or hand delivered to the Commission.
  - c. Checking the box for either mailed, faxed, emailed, or hand delivered to the other parties.
  - d. The box for the Director of the Division of Workers' Compensation has already been checked and the address is provided. You must serve a copy of your Notice of Cross-Appeal on the Director; this is the only document you are required to serve on the Director.
  - e. Service on the Attorney General. If a party is an agency of the State of Alaska, you must serve the Attorney General of Alaska at the address on the form, and the Assistant Attorney General who represented the State of Alaska in the Board proceeding.
  - f. 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).
  - g. Print name and sign.
7. Filing Fee. There is no filing fee for a cross-appeal.

#### **IV. COMMISSION ACTION AFTER AN APPEAL IS FILED**

**A. Assignment of Commissioners.** After appellant has filed a complete Notice of Appeal, the Chair will issue a notice identifying the Commissioners assigned to the

appeal. If you believe a Commissioner assigned to the appeal, including the Chair, should be disqualified from deciding the appeal for a reason stated in AS 23.30.007(/) due to a potential conflict of interest or an inability to be fair and impartial, you should file and serve a motion to remove and replace that Commissioner not later than 10 days after you receive the notice assigning the Commissioners. See 8 AAC 57.080(c). You may use AWCAC Form 12, Motion/Request.

**B. Docket Notice.** After appellant has filed a complete Notice of Appeal, the Clerk will send to all parties, the Board's Appeals Clerk, and the Director of the Division of Workers' Compensation, a Docket Notice requesting the Board's Appeals Clerk transfer to the Commission

- a. all Board hearing recordings not previously transcribed and a list of all Board hearing recordings previously transcribed, not later than 15 days from the date of the Docket Notice; and
- b. the entire Board file, not later than 45 days from the date of the Docket Notice.

**NOTE:** If you file a Notice of Cross-Appeal, the Clerk will send to all parties a Docket Notice notifying them of the cross-appeal. The case will retain the same appeal number and the case caption will be changed to reflect the cross-appeal.

**C. Designation of Board Hearing Recordings for Transcription.** After the Clerk receives the Board hearing recordings not previously transcribed and list of Board hearing recordings previously transcribed, the Clerk will issue a notice to all parties with instructions for filing designations for transcription. The notice will identify which Board hearing recordings have been previously transcribed and which Board hearing recordings have not been previously transcribed. See 8 AAC 57.120(a). Not later than 10 days after the date in the Certificate of Distribution, unless distributed by mail, appellant must file and serve a designation for transcription of all Board hearing recordings that have not been previously transcribed that are essential to consideration of the issues in the appeal. See 8 AAC 57.120(b).

Not later than 10 days after the date in the Certificate of Service, unless served by mail, of appellant's designation for transcription you may file and serve a designation for transcription of Board hearing recordings not previously transcribed and that appellant did not designate, that are essential to consideration of the issues on appeal. You may use AWCAC Form 11, Designation of Hearing Recordings for Transcription. To complete this form, you must:

1. Fill in the caption the same as on prior forms.
2. Fill in your name in the first sentence and check the box for Appellee.
3. Fill in the AWCB Case No. and list the dates of the Board hearing recordings not designated by the appellant that you wish to have transcribed.
4. Complete the signature block the same as on prior forms.
5. Complete the Certificate of Service for the opposing parties.

If appellant has designated all of the Board hearing recordings not previously transcribed, then you do not need to file a designation. Once all parties have filed and served their designations for transcription or the due date has expired, appellant is required to coordinate with the Clerk the selection of a transcriptionist to prepare the transcripts of the designated Board hearing recordings. Appellant must pay to have the designated Board hearing recordings transcribed, *see* 8 AAC 57.120(i), unless the Commission excuses the appellant from payment.

- D. Preparation of the Board Record.** The record on appeal consists of the entire Board file, including all papers, exhibits, depositions, electronic records, electronic mail messages, records of walk-in and telephonic communications with claimants relied upon by the Board, and transcripts of Board hearing recordings previously transcribed. *See* 8 AAC 57.110(a). The Board's Appeals Clerk may combine all the records of your Board cases if the Board joined the cases before the appeal was filed.

Transfer of the Board Record. The Commission Clerk and the Board's Appeals Clerk coordinate the transfer of the record on appeal from the Board to the Commission. *See* AAC 57.110(b) and (c). The Board's Appeals Clerk numbers the pages of the entire Board file and transfers a CD of the PDF copy of the entire Board file to the Commission. *See* 8 AAC 57.110(d)(1). If you would like a copy of the numbered file for your own use, you may request a CD copy from the Commission.

- E. Briefing Schedule, Brief Format and Content, and Excerpt of Record.** When the appeal is ready for written briefs to be filed, the Chair will issue a notice of the briefing schedule. Appellant must file and serve an opening brief within the time limit or the appeal may be dismissed.

You, as appellee, must file and serve your brief in response to appellant's opening brief not later than 30 days after you receive appellant's opening brief. To complete your responsive brief, file AWCAC Form Nos. 18 and 19.

If you cannot file your brief on time, you may file and serve a motion requesting an extension of time not later than the date your brief is due. *See* 8 AAC 57.140. You may use AWCAC Form 13, Motion for Routine Extension of Time, to request an extension of time of not more than 30 days. Oppositions to motions for routine extensions of time are not permitted.

To request an extension of time for more than 30 days, you may use AWCAC Form 14, Motion for Extension of Time. The opposing parties will have 10 days from the date in the Certificate of Service, unless mailed, of your motion to file an opposition if they wish to do so. The Commission will issue an order on your motion after the other parties have filed an opposition or the due date has passed.

Along with your brief, you must prepare an excerpt of record. *See* 8 AAC 57.170. An excerpt of record contains copies of those documents in the record on appeal that you think the Commission should review in order to decide the appeal.

1. Brief Format. A brief must:

- a. be in clear and legible black typeface or hand printing in black ink;
  - b. be in 12- or 13-point font size;
  - c. be double-spaced;
  - d. be on white paper eight and one-half inches wide and 11 inches long;
  - e. have one-inch margins all around;
  - f. 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;
  - g. if longer than one page, have pages numbered consecutively; and
  - h. include proof of service on the other parties.
2. Brief Contents. Your brief is limited to 50 pages (not including the cover sheet) and must include:
- a. The first page must state your name, mailing address, telephone number, Commission case number, Board decision number, Board case number, and the title of the document. You may use AWCAC Form 18, Appellee's Responsive Brief Cover Sheet;
  - b. A section discussing your arguments on the issues being appealed;
  - c. A section discussing why you disagree with the arguments in appellant's brief;
  - d. A short conclusion stating what you would like the Commission to do to resolve the appeal; and
  - e. References to documents in your excerpt of record that support each fact in your brief.

As appellee, you may address in your brief the below sections in appellant's opening brief, if you disagree with the statement appellant made. The sections you may include in your brief, if you disagree with what appellant stated, are:

- a. A statement of the issues presented for review, UNLESS you agree with the statement in appellant's brief;
- b. A statement or summary of the facts, UNLESS you agree with the statement in appellant's brief;
- c. A brief description of the proceedings before the Board, UNLESS you agree with the statement in appellant's brief;
- d. A statement of the applicable standard of review. If you are asking for the application of a different standard of review from the one appellant used, you must state what standard of review the Commission should apply. The standards for Commission review are in AS 23.30.128(b), which reads:

The commission may review discretionary actions, findings of fact, and conclusions of law by the board in hearing, determining, or otherwise acting on a compensation claim or petition. The board's findings regarding the credibility of testimony of a witness before the board are binding on the commission. The board's findings of fact shall be upheld by the commission if supported by substantial evidence in light of the whole record. In reviewing questions of law and procedure, the commission shall exercise its independent judgment.

If you disagree with the standard of review appellant used, you may refer to another legal authority.

3. Citation Guidelines.

a. In your brief, you must provide citations to the record, excerpt of record, hearing transcript, or deposition transcript for every factual assertion you make in your brief.

1. If citing to a document in the Board record, cite it in the brief with R. (for record) and the page number. Example: R. 348.
2. If citing to a document in your excerpt of record, cite it in the brief with Exc. (for excerpt) and the page number. Example: Exc. 49.
3. If citing to a hearing transcript, cite it in the brief with Tr. (for transcript) and the page number. Example: Tr. at 27.
4. If citing to a deposition transcript, cite it in the brief with the deponent's last name, Dep. (for deposition), and the page number. Example: Smith Dep. at 74.

b. Citations to legal authority can appear in the body of your brief or in footnotes. The Commission does not expect self-represented parties to be able to use "The Bluebook – A Uniform System of Citation" which is the standard method of citation in legal writing. However, you must identify the legal authority you are referring to in your brief so that the Commission can locate and review that legal authority in the process of deciding the appeal.

For Alaska Supreme Court cases, use the name of the case in italics (or underlined), volume number, abbreviation for the reporter series, the page the case begins on, the page where the quote is located, and in parentheses, Alaska and year. A cite to an Alaska Supreme Court case could look like this:

<u><i>Temple v. Denali Princess Lodge,</i></u>	21	P.	3d	813,	815	(Alaska 2001)
<i>name of case</i>	volume	Reporter (Pacific)	series	first page	page quoted	state      year

The citation would be written out as: *Temple v. Denali Princess Lodge*, 21 P.3d 813, 815 (Alaska 2001).

Board and Commission cases are cited by name, decision number, page quoted, and decision date:

Board: *Abdul Adepoju v. Fred Meyer Stores, Inc.*, Alaska Workers' Comp. Bd. Dec. No. 05-0177 at 2 (Jul. 5, 2005).

Commission: *Adepoju v. Fred Meyer Stores, Inc.*, Alaska Workers' Comp. App. Comm'n Dec. No. 010 at 3 (May 11, 2006).

After you cite a case once in long form, you may use a short form, such as:

*Temple*, 21 P.3d at 815.

*Abdul Adepoju*, Bd. Dec. No. 05-0177 at 2.

*Adepoju*, App. Comm'n Dec. No. 010 at 3.

Cases may be found online at:

Alaska Supreme Court cases: <http://government.westlaw.com/akcases>.

Commission decisions: <http://www.labor.alaska.gov/wccomm/orders.htm>.

Board decisions: <http://www.labor.alaska.gov/wc/legaldir.htm>; however, you may need to call the Board for help navigating to a specific decision.

Alaska Statutes (AS) are followed by the number of the title, the chapter, and the section, separated by periods, such as AS 23.30.120. Paragraphs and subparagraphs are separated by parentheses, such as AS 23.30.041(n)(1).

The Alaska Administrative Code (AAC) is preceded by the number of the title and followed by the chapter and section, separated by a period; such as 8 AAC 57.090. Paragraphs and subparagraphs are separated by parentheses, such as 8 AAC 45.074(b)(1).

<http://www.legis.state.ak.us/basis/folio.asp> has links to statutes and regulations.

Commission regulations are at <http://www.labor.alaska.gov/wccomm>; select Appeal Procedures.

4. Excerpt of Record. As appellee, you must prepare an excerpt of record and include copies of documents referenced in your brief that support each of your facts and are not already included in appellant's excerpt of record; see content requirements at 8 AAC 57.180.

As appellee, you should review appellant's excerpt of record to be sure that all the documents referenced in your brief are not included in appellant's excerpt of record. Then, in your excerpt of record, add only those additional documents in the Board's record that you rely on to support your side of the case. DO NOT DUPLICATE WHAT IS IN APPELLANTS EXCERPT OF RECORD.

Do not include copies of statutes, regulations, or cases. The Commission will locate and review the statutes, regulations, or cases that you refer to in your brief.

Remember, you cannot introduce new evidence in an appeal. Do not include anything in your excerpt of record that was not in the Board record at the time the Board proceeding was concluded.

5. Preparing an Excerpt of Record. To prepare your excerpt of record:
    - a. Prepare AWCAC Form 21, Excerpt of Record Cover Sheet.
    - b. Put Exc. and page numbers at the bottom of each page, starting with the next page number after the last page number in appellant's excerpt of record. For example, if appellant's last excerpt of record number is "Exc. 53," then you must start numbering the pages in your excerpt of record with "Exc. 54" and continue numbering in a single series to the end of your excerpt of record.
    - c. Prepare AWCAC Form 22, Excerpt of Record Index, and list the title of each document, the date it was signed or made, and the page number of the excerpt of record on which it begins. Do not number the pages of the index. Put the index on top of the other documents.
    - d. Put your Excerpt of Record Cover Sheet on top of your Excerpt of Record Index and file all these documents together as 1 document, separate from your brief.
    - e. **You must file the original and 3 copies of your brief, and the original and 3 double-sided copies of your excerpt. 8 AAC 57.130(g).**
  6. Service on Other Parties. You must serve a copy of both your brief and your excerpt of record on the other parties the same day you file them. Show proof of service by completing the Certificate of Service at the bottom of AWCAC Forms 18 and 21.
  7. Reply Brief. Appellant may file a reply brief not later than 20 days after the date in the Certificate of Service, unless you serve appellant by mail, of your brief. *See* AAC 57.130(d). A reply brief is limited to 20 pages and must include references to documents in appellant's excerpt of record that support each fact in the reply brief. No new arguments or issues can be raised in a reply brief, but appellant may respond to arguments raised by you that were not addressed in appellant's opening brief. An appellee files only 1 brief.
- F. Oral Argument.** Not later than 10 days after the date on which the reply brief is filed or due to be filed, or not later than 10 days after the notice that a reply brief will not be filed, any party may file a written request for oral argument. *See* 8 AAC 57.200(b). You may file and serve AWCAC Form 23, Request for Oral Argument; however, you do not need to request oral argument if appellant has



already done so. If the request is timely filed, the Clerk will contact the Commission panel members and the parties to coordinate a date and time for oral argument.

At oral argument, each party presents their arguments, and no new arguments are permitted. Oral argument is not a new Board hearing, and no witnesses are called. Thirty minutes total is usually allowed for an appellee's arguments. Any time spent answering questions from the Commissioners will not be included in your time. The purpose of oral argument is not to read your brief to the Commissioners; it is better to point out what mistakes you believe the Board made in its decision and why it was mistaken.

If you cannot attend oral argument in person, you may request to participate by telephone or Zoom. Instructions for participation by telephone or Zoom will be included in the oral argument notice.

If you do not timely request oral argument, you must file and serve a motion for an extension of time explaining why your request for oral argument was late. *See* 8 AAC 57.140.

## V. DECISION

The Commission will decide the appeal based on the record, briefs and excerpts filed, and oral argument (if held). By statute, the Commission has 90 days to issue its decision. *See* AS 23.30.128(e). The Commission may:

- **AFFIRM** (approve) the Board's decision,
- **REMAND** (send the case back for additional action by the Board),
- **MODIFY** (change) the Board decision in some way,
- **REVERSE** the Board's decision, or
- **DISMISS** the appeal.

The Clerk will send copies of the decision to the parties, the Board's Appeals Clerk, and the Director of the Division of Workers' Compensation.

When you receive the Commission's decision, read the reconsideration and appeal procedures carefully for information about how to request the Commission to reconsider its decision, or how to appeal the decision to the Alaska Supreme Court. You may request reconsideration by the Commission or file an appeal to the Alaska Supreme Court not later than 30 days after the date of distribution of the decision. *See* AS 23.30.128(f) and 8 AAC 57.230.

If you wish to request the Commission reconsider its decision, you may file and serve AWCAC Form 27, Motion for Reconsideration.

The Commission may also dismiss an appeal for failure to prosecute or failure to follow an order of the Chair or Commission. *See* 8 AAC 57.250. If the Commission sends you a Notice of Default, read it carefully and act promptly to avoid dismissal of your appeal.

## **VI. AWARD OF COSTS**

If you win the appeal, 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 motions, briefs, and excerpts.

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.

## VII. APPELLEE FORMS

Title	Number	Purpose
Self-Represented Appellee's Notice of Nonparticipation	AWCAC Form 08	If appellee does not wish to participate in appeal
Self-Represented Litigant's Consent to Service by Fax and/or Email	AWCAC Form 09	Give consent to service of documents by fax or email
Self-Represented Appellee's Notice of Cross-Appeal and Statement of Grounds for Cross-Appeal	AWCAC Form 10	Appeal the same decision, but for different reasons
Self-Represented Litigant's Designation of Hearing Recordings for Transcription	AWCAC Form 11	List Board hearing recordings to be transcribed
Self-Represented Litigant's Motion/Request	AWCAC Form 12	Request the Chair or Commission to do a certain thing
Self-Represented Litigant's Motion for Routine Extension of Time	AWCAC Form 13	Request one automatically granted 30-day extension of time
Self-Represented Litigant's Motion for Extension of Time	AWCAC Form 14	Request an extension of time of more than 30 days
Self-Represented Litigant's Opposition to Motion	AWCAC Form 15	Oppose another litigant's motion
Self-Represented Appellee's Responsive Brief Cover Sheet	AWCAC Form 18	File appellee's brief
Sections of an Appellee's Responsive Brief	AWCAC Form 19	Examples for an appellee's responsive brief.
Self-Represented Litigant's Excerpt of Record Cover Sheet	AWCAC Form 21	File a litigant's excerpt of record
Self-Represented Litigant's Excerpt of Record Index	AWCAC Form 22	List documents in an excerpt of record
Self-Represented Litigant's Request for Oral Argument	AWCAC Form 23	Ask for oral argument before the Commission
Self-Represented Litigant's Show of Good Cause	AWCAC Form 24	Give reasons for not following an order of the Commission or Chair
Self-Represented Litigant's Change of Contact Information	AWCAC Form 25	Inform the Commission and other parties of changes in contact information
Self-Represented Litigant's Certificate of Service	AWCAC Form 26	Proof of service of documents on the other litigants
Self-Represented Litigant's Motion for Reconsideration	AWCAC Form 27	Ask the Commission to reconsider its decision

**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 APPELLEE'S NOTICE OF NONPARTICIPATION**

I, \_\_\_\_\_, am the Appellee and I elect not to participate in the  
 motion for stay only (if a motion for stay has been filed)

**or**

entire appeal.

I understand that pursuant to 8 AAC 57.020(c), an appellee may elect at any time not to participate in an appeal by filing and serving a notice of nonparticipation, and that filing a notice of nonparticipation does not affect whether the appellee is bound by the decision on 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 Notice of Nonparticipation 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>

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 LITIGANT'S CONSENT TO SERVICE BY FAX AND/OR EMAIL**

I, \_\_\_\_\_, am the  Appellant  Appellee. I hereby consent to service of all documents in this appeal 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 <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>

# 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 APPELLEE'S NOTICE OF CROSS-APPEAL

**Please take notice** that I, \_\_\_\_\_, Appellee, cross-appeal Decision No. \_\_\_\_\_, issued on \_\_\_\_\_, by the Alaska Workers' Compensation Board in AWCB Case No. \_\_\_\_\_. A copy of the Board decision that I am cross-appealing is attached to this notice.

### STATEMENT OF GROUNDS FOR CROSS-APPEAL

The grounds (reasons) for this cross-appeal are: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

. (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, **or** not later than 15 days after the date in the Certificate of Service, unless served by mail, of the Notice of Appeal, whichever is later.

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 Cross-Appeal, Statement of Grounds for Cross-Appeal, and all attachments were  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):   
_____ <i>Print name of person who served document</i>		_____ <i>Signature of person who served document</i>

**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 LITIGANT'S DESIGNATION OF HEARING RECORDINGS FOR TRANSCRIPTION**

I, \_\_\_\_\_, am the  Appellant  Appellee. I select for transcription the following Alaska Workers' Compensation Board hearing recordings in AWCB Case No. \_\_\_\_\_: \_\_\_\_\_  
 \_\_\_\_\_ (list hearing dates).

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

Signature	Date
Mailing Address	
City, State, Zip	
Telephone Number	Fax Number and/or E-mail

<b>CERTIFICATE OF SERVICE</b>	
I certify that on _____ (date) this Designation of Hearing Recordings for Transcription 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>

# 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 LITIGANT'S MOTION/REQUEST**

I, \_\_\_\_\_, am the  Appellant  Appellee. I request 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/Request 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): _____ _____
Print name of person who served document	Signature of person who served document



**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 LITIGANT'S MOTION FOR ROUTINE EXTENSION OF TIME**

I, \_\_\_\_\_, am the  Appellant  Appellee. I request a \_\_\_\_\_-day (up to 30 days) routine extension of time 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

<b>CERTIFICATE OF SERVICE</b>	
I certify that on _____ (date) this Motion for Routine Extension of Time 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>

# 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 LITIGANT'S MOTION FOR EXTENSION OF TIME**

I, \_\_\_\_\_, am the  Appellant  Appellee. 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 <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>

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 LITIGANT'S OPPOSITION TO MOTION**

I am the  Appellant  Appellee. I **oppose** the motion filed by  Appellant  Appellee asking the Commission to: \_\_\_\_\_

I do not agree the Commission should do this because: \_\_\_\_\_

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\_\_\_\_\_. (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 <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 <u>or</u> party's attorney (if represented):
	_____
	_____
_____	_____
<i>Print name of person who served document</i>	<i>Signature of person who served document</i>

# ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

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

## SELF-REPRESENTED APPELLEE'S RESPONSIVE BRIEF COVER SHEET

I, \_\_\_\_\_, am the Appellee. This is my responsive brief which contains my arguments on the issues presented and a conclusion stating what I would like the Commission to do to resolve this 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 Appellee's Responsive 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>

Sections of an Appellee's Responsive Brief

These pages are provided as examples of the sections of an appellee's responsive brief. You may use these pages for your brief, adding more pages if needed, or you may use them as a model to write your own brief. The sections of an appellee's brief are:

1. A section discussing why you disagree with the arguments in the appellant's brief.
2. A short conclusion stating what the Commission should do to resolve the appeal.

You may address in the brief the following sections in appellant's brief, if you disagree with the statements appellant made:

1. Statement of the issues presented for review.
2. Statement of the facts.
3. Brief description of the proceedings before the Board.
4. Statement of the applicable standard of review. If asking for the application of a different standard of review from the one appellant used, you must state what standard of review the Commission should apply. The standards for Commission review that the Commission applies are set out in AS 23.30.128(b). If you disagree with the standard of review appellant used, you may refer to another legal authority or AS 23.30.128(b).

In a cross-appeal, your brief must also include a section discussing your claims of error and the claims of error raised in the original appellant's brief.

Appellant's Arguments that I Disagree With

I disagree with the following arguments in the appellant's brief for the following reasons:

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Other Sections of the Appellant’s Brief that I Disagree With

If you disagree with the appellant’s statements in the following brief sections, you may write your arguments here. The sections are 1) statement of the issues presented for review, 2) statement of the facts, 3) description of the proceedings before the Board, and 4) statement of the applicable standard of review.

I disagree with the appellant’s statements regarding \_\_\_\_\_

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\_\_\_\_\_. (Attach more pages if needed.)

Conclusion

Summarize what your position is very briefly and tell the Commission what you want it to do. For example, you may ask the Commission to REVERSE the Board's decision, to VACATE (invalidate) the decision and REMAND (send the case back) to the Board to allow more evidence or rehear the case, or MODIFY the Board's decision. Do not ask the Commission to do what the Commission does not have the power to do, such as award you benefits or order the employer to rehire you. Sign and date the brief, and if you had an assistant to help you, verify that you read and understood the brief, and that it is your brief.

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\_\_\_\_\_ . (Attach more pages if needed.)



# 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 LITIGANT'S EXCERPT OF RECORD COVER SHEET**

I, \_\_\_\_\_, am the  Appellant  Appellee. This is my excerpt of record which contains the documents that I refer to in my brief. Each page is numbered from \_\_\_\_\_ to \_\_\_\_\_. The attached index lists the documents and the pages where each document is found.

### **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 Excerpt of Record and all supporting documents were <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>

**SELF-REPRESENTED LITIGANT'S EXCERPT OF RECORD INDEX**

Document Date	Document Title	Excerpt Page Number Where Document Begins

# 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 LITIGANT'S REQUEST FOR ORAL ARGUMENT**

I, \_\_\_\_\_, am the  Appellant  Appellee. I request that the Commission schedule oral argument in this appeal. I would like to attend

in person.

by telephone. Please provide me with the call-in information.

via Zoom meeting. Please provide me with the Zoom meeting invitation. My email address is:

\_\_\_\_\_

### **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 Request for Oral Argument 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>

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 LITIGANT'S SHOW OF GOOD CAUSE**

I, \_\_\_\_\_, am the  Appellant  Appellee. The reasons why I have not filed my \_\_\_\_\_ are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

(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 <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.)	
_____ <i>Print name of person who served document</i>	<input type="checkbox"/> Opposing party <b>or</b> party's attorney (if represented):
	_____ _____ _____
_____ <i>Signature of person who served document</i>	

## ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

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

### SELF-REPRESENTED LITIGANT'S CHANGE OF CONTACT INFORMATION

I, \_\_\_\_\_, am the  Appellant  Appellee 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 Contact Information 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>

**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 LITIGANT'S CERTIFICATE OF SERVICE**

I, \_\_\_\_\_ am the  Appellant  Appellee. I certify that on \_\_\_\_\_, a copy of my:

- |   |   |
|---|---|
| <input type="checkbox"/> Notice of Appeal and Statement of Grounds*<br><input type="checkbox"/> Designation of Recordings for Transcription<br><input type="checkbox"/> Opposition to Motion/Request<br><input type="checkbox"/> Excerpt of Record<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Financial Statement Affidavit<br><input type="checkbox"/> Motion/Request<br><input type="checkbox"/> Brief<br><input type="checkbox"/> Request for Oral Argument |
|---|---|

mailed     hand delivered     faxed     emailed    to: \_\_\_\_\_ was/were:

<input 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 <u>or</u> party's attorney (if represented):
--	---	--

Additional names and addresses:


**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

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 LITIGANT'S MOTION FOR RECONSIDERATION**

I, \_\_\_\_\_, am the  Appellant  Appellee. 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 <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>