

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 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 mailed, faxed, emailed, or hand delivered to the Alaska Workers' Compensation Appeals Commission, **and** on the same date a complete copy of this document was mailed, faxed, emailed, or hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)

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