

ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

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|---------------------------------------------------|--------------------------------------------------------------------------|
| 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 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> | |