

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, and 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 or party's attorney (if represented):
Print name of person who served document	Signature of person who served document	