

# ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Petitioner, <i>(party filing petition for review)</i>	
VS.	
Respondent(s). <i>(all other parties to petition)</i>	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.

\_\_\_\_\_  
Signature Date

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

\_\_\_\_\_  
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.)

<input checked="" type="checkbox"/> <b>Required:</b> Alaska Workers' Compensation Board (office that issued decision)  <input type="checkbox"/> 3301 Eagle Street, Suite 304, Anchorage, AK 99503  <input type="checkbox"/> 675 7th Ave, Station K, Fairbanks, AK 99701  <input type="checkbox"/> 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):  _____  _____
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_____ <i>Print name of person who served document</i>	_____ <i>Signature of person who served document</i>
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