

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. _____

OPPOSITION TO PETITION FOR REVIEW OR CROSS-PETITION FOR REVIEW

I, _____, am the Petitioner Respondent.
 I oppose the Petition for Review Cross-Petition for Review for the following reasons:

A series of horizontal lines providing a space for writing or input.

_____. (Attach more pages if needed, but no more than 15 pages total.)
I have attached copies of documents that the Board had in its file when it issued the decision that I would like the Commission to review. The documents support these facts and are in order by date. I have provided a list of all the documents attached, using AWCAC Form 32, List of Attachments, and placed the list in front of my attachments.

Signature Date

Mailing Address

City, State, Zip

Telephone Number Fax Number and/or Email

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, 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):
<i>Print name of person who served document</i>		<i>Signature of person who served document</i>