

# 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 LITIGANT'S SHOW OF GOOD CAUSE**

I, \_\_\_\_\_, am the  Petitioner  Respondent. The reasons why I have not filed my \_\_\_\_\_ are because:

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\_\_\_\_\_. (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  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 <b>or</b> party's attorney (if represented):

_____ <i>Print name of person who served document</i>	_____ <i>Signature of person who served document</i>
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