

AFFIDAVIT VERIFYING SIME RECORDS ARE COMPLETE

AWCB Case Number:

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1. Employee's Name (Last, First, Middle Initial)	2. Date Received (Board Use Only)	3. Date of Injury
4. Employer	5. Insurer/Adjusting Company	

6. HAVING FIRST BEEN DULY SWORN, I STATE

<p>a. I am a party to this case.</p> <p>b. I reviewed the medical records in my possession regarding this case.</p> <p>c. The SIME binders contain copies of all the medical records in my possession.</p> <p>d. The supplemental SIME records I filed with the board, if any, are identical to the supplemental SIME records I served on the other parties in this case.</p>

7. Name of Affiant (Print or Type)	8. Affiant's Signature (Sign in Front of Notary)
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SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____.

9. Notary Public in and for the State of	10. My Commission Expires:
11. Notary Public Signature	

I certify I mailed the original of this affidavit to the Alaska Workers' Compensation Board and a copy to all parties in this case.

12. Name of Person Mailing Affidavit	13. Signature	14. Date Mailed
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ATTACH TO SIME BINDERS