ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Appellant, (party filing appeal)	
VS.	
	AWCAC Appeal NoAWCB Decision No
Appellee(s). (all other parties to appeal)	AWCB Case No.
SELF-REPRESENTED LITIGANT	S MOTION FOR RECONSIDERATION
I,, a	im the \square Appellant \square Appellee. I request that
the Commission reconsider its	
for these reasons:	
	(Attach more pages if needed.)
The never filing this	,
The person ming this c	locument MUST sign below.
Signatur	e Date
Mai	ling Address
ма	ing Address
City	r, State, Zip
Telephone Number	Fax Number and/or E-mail
CERTIFICA	ATE OF SERVICE
☐ hand delivered to the Alaska Workers' Compensation	for Reconsideration was \square mailed, \square faxed, \square emailed, or a Appeals Commission, and on the same date a complete copy or \square hand delivered to the parties checked at the addresses
listed below. (Attach more pages if needed.)	Opposing party or party's attorney (if represented):
	party <u>v.</u> party s accorney (ii represented).
Print name of person who served document	Signature of person who served document