ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Petitioner, (*party filing petition for review*) vs.	
Respondent(s). (*all other parties to petition*)	AWCAC Appeal No. _____ AWCB Decision No. _____ AWCB Case No. _____

SELF-REPRESENTED RESPONDENT'S NOTICE OF NONPARTICIPATION

I, _____, am a Respondent and I elect not to participate in the

☐ motion for stay only (if a motion for stay has been filed)

or

☐ entire petition for review.

I understand that pursuant to 8 AAC 57.020(c), a respondent may elect at any time not to participate in a petition for review by filing and serving a notice of nonparticipation, and that filing a notice of nonparticipation does not affect whether the respondent is bound by the decision on the petition for review.

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 Notice of Nonparticipation 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.)

		☐ Opposing party **or** party's attorney (if represented):

_____ _____
Print name of person who served document *Signature of person who served document*

AWCAC Form 34, Self-Represented Respondent's Notice of Nonparticipation