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. _____

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:_____

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_____. (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 ☐ 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*