

Upload Exhibits

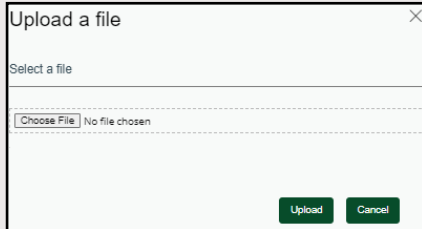


User Submission

The Upload Exhibits request allows a user to Upload Exhibits into a given case. For the Claimant's Consent to Pay Fees and Costs and/or Claimant's Affidavit please use the corresponding standalone process for the given document.

1 Enter the Claim Number, Hearing Date, and any other Claim information that can be provided.

2 Upload the documentation for anything you selected 'Yes' for by clicking the document upload icon.



3 Select the appropriate role from the menu. This role should match yours.

Upload Exhibit Request

DO NOT ATTACH Consent to Pay Fees & Costs or the Claimant's Affidavit to your submission. Use the stand alone process under Start New Action and selecting Claims in order to submit the Consent or Claimant's Affidavit.

Claim Number:	W201468	Hearing Date:	MM/dd/yyyy
Claimant First Name:	John	Claimant Last Name:	Doe
Employer:	CASINO INC	Insurer:	NON-INSURED EMPLOYER
Healthcare Provider:		Hearing Location:	Baltimore

Do you want to upload Exhibit documents? Yes No

Upload Exhibit Documents:

Claimant/Attorney:	<input checked="" type="checkbox"/>	Employer/Attorney:	<input type="checkbox"/>	Insurer/Attorney:	<input type="checkbox"/>
Healthcare Provider/Attorney:	<input type="checkbox"/>	SIF:	<input type="checkbox"/>	UEF:	<input type="checkbox"/>

CERTIFICATIONS AND SIGNATURE

I HEREBY CERTIFY that on September 26, 2024, that service of the foregoing was made in accordance with COMAR 14.09.01.03.

By checking this box, I affirm this is the electronic signature of the submitter for all purposes under the Maryland Workers' Compensation Law, Title 9 of the Labor & Employment Article of the Annotated Code of Maryland and the Maryland Uniform Electronic Transactions Act, Title 21 of the Commercial Law Article of the Annotated Code of Maryland.

4 Sign and Certify the submission by checking the appropriate check boxes.