

WORKERS' COMPENSATION COMMISSION

REQUEST FOR TRANSCRIPT

INSTRUCTIONS: Fill out all required fields, along with any other pertinent information and send to the Court Reporting Division by FAX - (410) 864-5181, email - wccourt@wcc.state.md.us, or mail to Workers' Compensation Commission, 10 East Baltimore Street, Baltimore, MD 21202, Attn: Court Reporting Division. Indicate in the comments section if this request is for a supplemental transcript from a subsequent proceeding that is currently on appeal.

* Indicates a required field.

Date _____

WCC Claim Number(s)* _____

Claimant Name * _____

Hearing Date(s) Requested* _____

Commissioner: _____

Appeal * Yes No

Circuit Court Case Number (if known) _____

Need by Date _____ Processing for non-appeals is within 30 days of this request; expedited processing is available.

Name of Requesting Party: * _____

Phone * _____

E-mail * _____

Additional Comments or Information:

REQUESTING PARTY AGREES TO BE RESPONSIBLE FOR COST OF TRANSCRIPT(S) .

Printed Full Name

Signature

Address

Date

City

State ZIP Code

Telephone

10 East Baltimore Street • Baltimore, Maryland 21202-1641
410-864-5100 • E-mail: info@wcc.state.md.us • Web: <http://www.wcc.state.md.us>