

WORKERS' COMPENSATION COMMISSION

COVER SHEET FOR ACTION ON CLAIMS ON APPEAL

Instructions: This form must be accompanied by a copy of the Appellate Court's signed Judge's Memorandum and Order. If a hearing is required, you must also file Issues Form H24 for the matter to be put in line.

To: Appeals Division

Date:

Is this a claim remanded from the Circuit Court?

Yes

No

Claimant's Name:

WCC Claim #:

County:

Name of Presiding Judge:

Name of Filing Party:

COURT OF SPECIAL APPEALS

Yes

No

ACTION TAKEN: (A signed copy of the Judge's Memorandum and Order must be attached.)

AFFIRM

REVERSED

WITHDRAWN

MODIFY

DISMISSED

REMAND

Remarks:

ATTORNEY FEE PETITION (must be attached)

Remarks:

Submitted by:

Printed Name

Signature

Telephone Number

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