

REQUEST FOR CONTINUANCE OF HEARING

INSTRUCTIONS: The form is to be used only to request a continuance of a scheduled hearing, and is to be submitted without a cover letter.

REQUEST TO THE COMMISSION

The undersigned hereby requests that the hearing scheduled for the date and location described below be continued for the reason(s) specified.

Claimant

WCC Claim Number

Employer

Insurer

Healthcare Provider

Currently Scheduled Hearing Information:

Hearing Date

Location

Date of Hearing Notice

Justification for Continuance:

I HEREBY CERTIFY that on this _____ day of _____, _____, service of the foregoing was made in accordance with COMAR 14.09.01.03. I further certify that the opposing counsel/ parties have been contacted and they:

REQUESTED BY:

Claimant Claimant's Atty. Employer/Emp. Atty. Insurer/Atty. UEF/SIF

Healthcare Provider/Healthcare Provider Atty.

Address: City: State: Zip Code:

Telephone: Email:

Full Name

Signature

Date