WORKERS' COMPENSATION COMMISSION

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 _____

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: Select One

REQUESTED BY:

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

Address:_____ City:_____ State:_____ Zip Code: _____

Telephone:_____ Email: _____

_____ _____ _____
Full Name Signature Date

CLICK HERE TO CLEAR FORM