



WORKERS' COMPENSATION COMMISSION

Request for a Hearing on Previously Withdrawn Issues

INSTRUCTIONS: This form is to be used by parties to a compensation claim to request a hearing on specific issues previously filed and withdrawn within the past 90 days. This form serves as a request for such issues to be filed prior to the 90-day waiting requirement. **WCC Issues form H24R must be attached to this form.**

WCC CLAIM NUMBER:

CLAIMANT:

EMPLOYER:

INSURER:

Exemption from the 90-day waiting requirement is requested for the following reason(s):
Any documentation establishing the foregoing facts and circumstances is attached.

Filed by: CLAIMANT/CLAIMANT'S ATTY EMPLOYER/INSURER or EMP/INS ATTY

ADDRESS:

STREET

CITY

STATE

ZIP Code

TELEPHONE NUMBER

CERTIFICATION OF SERVICE

I hereby certify that on this _____ day of _____, 2____, a copy of this Request and its attached documentation was mailed to all parties and their attorneys. I further certify that this Request for a waiver of 90-day waiting requirement has not been previously filed.

Name

Signature

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