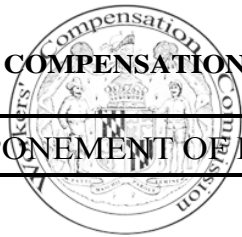


WORKERS' COMPENSATION COMMISSION



REQUEST FOR POSTPONEMENT OF EMERGENCY HEARING

INSTRUCTIONS: This form is to be used only to request an emergency hearing continuance, and is to be submitted without a cover letter. The Commission does not accept FAXed documents.

WCC Claim Number:

Claimant:

Employer:

Insurer:

CURRENTLY SCHEDULED HEARING INFORMATION

Hearing Date:

Location:

Justification for Continuance:

REQUESTED BY:

Claimant

Claimant Atty.

Employer/Insurer

Emp/Ins Atty

Other:

Full Name:

Telephone:

Address:

City:

State:

Zip Code:

Certificate of Service:

I HEREBY CERTIFY that on this day of , service of the foregoing was made to all parties entitled to service in accordance with COMAR 14.09.01.03.

Signature

Date