



WORKERS' COMPENSATION COMMISSION

REQUEST TO ENTER APPEARANCE OF COUNSEL

*This form is to be used by an attorney only to enter his/her appearance on behalf of a Claimant.
If you are entering your appearance on behalf of an Employer/Insurer, please utilize WCC form C25R.*

WCC Claim Number:

Date of Accident:

Claimant:

Employer:

On Behalf of: **Claimant** **SIF** **UEF** **Healthcare Provider**

ATTORNEY INFORMATION: (Complete in Adobe Reader, Print or Type Only)

Name of Counsel:

WCC Attorney Code/Registration Number:

Street Address:

City/State/Zip:

Telephone:

CERTIFICATION OF SERVICE

**I hereby certify that on this day of , 20 , a copy of this
Request to Enter Appearance of Counsel was mailed to all parties and/or their attorneys.**

Attorney 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>