Change of Venue - External

QuickStart Guide

The Change of Venue form is the beginning of the electronic process allowing a party to Request a Change of Venue for a scheduled Hearing.

Change of Venue Request

Claim Information

Claim Number:	W401936	Claimant Name:	Carlos Medina
Accident Date/Time:	01/03/2022 2:45 pm		
Type of Claim:	Accidental Injury	Description of Accident/Injury:	This is the injury

Employer & Insurer

Employer	Insurer
2P INVESTMENTS LLC	HARTFORD INSURANCE CO OF THE SOUTHEAST

Requester Details

First Name:	Aruna	Middle Name:		Last Name:	Kamana
Email:	akamana@wcc.state.md.us		Address:	1001 CONNECTICUT AVE NW WASHINGTON DC 20036-5504	
Phone:	487-687-6293				

First Name:	Aruna	Middle Name:		Last Name:	Kamana
Email:	akamana@wcc.state.md.us		Address:	1001 CONNECTICUT AVE NW WASHINGTON DC 20036-5504	
Phone:	487-687-6293				
Party:	InsurerAttorney				

Change of Venue Request

Current Hearing Location:	Baltimore	Current Hearing Date:	07/16/2023
Hearing Location Requested:	Please select...		

Change of Venue for this case is requested for the following reason(s):

Certifications and Signature

☐ I HEREBY CERTIFY that on June 20, 2023, that service of the foregoing was made in accordance with COMAR 14.09.01.03.

☐ By checking this box, I affirm this is the electronic signature of the submitter for all purposes under the Maryland Workers' Compensation Law, Title 9 of the Labor & Employment Article of the Annotated Code of Maryland and the Maryland Uniform Electronic Transactions Act, Title 21 of the Commercial Law Article of the Annotated Code of Maryland.

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1 Review the form for accuracy.

2 Select a new Hearing Location using the dropdown menu.

Please select...

Abingdon
Baltimore
Baltimore
Beltsville
Cambridge
Frederick
La Plata
LaVale
Video Remote Hearing

3 Enter the reason the Change of Venue should be granted.

4 Don't forget to Sign and Certify