



**SUBPOENA DUCES TECUM AND REQUEST FOR WCC TRANSCRIPT  
(NOT FOR USE ON APPEAL OR IN CIRCUIT COURT)**

Claimant: CURRENT WCC CLAIM NO.  
Employer: Set With  
Claim No.  
Insurer: Claim No.

Use this form ONLY to subpoena a WCC transcript from a prior claim for use in a current claim (see claim number above ) involving the same claimant. Do not use this form for any other purpose. Authority: COMAR 14.09.03.05. Requestor should submit original and copy for each file for Commission records.

TO: MARYLAND WORKERS' COMPENSATION COMMISSION  
10 EAST BALTIMORE STREET  
BALTIMORE, MD 21202

YOU ARE HEREBY COMMANDED TO PRODUCE THE TRANSCRIPT(S) FOR THE FOLLOWING WCC CLAIM  
*(USE ONE SUBPOENA FOR EACH PRIOR CLAIM):*

CLAIMANT NAME: PRIOR CLAIM NO.:  
HEARING DATE(S):  
COMMISSIONER(S): \_\_\_\_\_

AT THE FOLLOWING LOCATION:  
ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_ AT \_\_\_\_ A.M. P.M.

**IMPORTANT: The requester MUST pay for the preparation of any transcript identified above if not already prepared. Please contact Court Reporting Division (wcccourt@wcc.state.md.us) to make arrangements.**

**SUBPOENA DUCES TECUM AND REQUEST FOR WCC TRANSCRIPT REQUESTED BY:**

REQUESTOR'S NAME: \_\_\_\_\_; AND ANY  
QUESTIONS SHOULD BE REFERRED TO (INCLUDE ADDRESS, TELEPHONE & EMAIL OF REQUESTING PARTY):  
ADDRESS:

TELEPHONE#: EMAIL:

DATE ISSUED: WORKERS' COMPENSATION COMMISSION  
(FOR WCC USE ONLY)

PER: