



WORKERS' COMPENSATION COMMISSION

**REQUEST FOR CONTINUANCE
OF HEARING**

INSTRUCTIONS: The form is to be used only to request a continuance of a scheduled hearing, and is to be submitted without a cover letter.

REQUEST TO THE COMMISSION

The undersigned hereby requests that the hearing scheduled for the date and location described below be continued for the reason(s) specified.

CLAIM IDENTIFICATION

CLAIM NUMBER: _____ CLAIMANT'S NAME: _____
EMPLOYER: _____
INSURER: _____

CURRENTLY SCHEDULED HEARING INFORMATION

HEARING DATE: _____
LOCATION: _____
DATE OF HEARING NOTICE: _____

JUSTIFICATION/REASON FOR CONTINUANCE:

I hereby certify that a copy of this request and its documentation has been sent to opposing counsel/parties, and also certify that the opposing counsel/parties has been contacted and they: 1) object 2) consent 3) No response to attempted contact .

REQUESTED BY

FULL NAME (PRINT OR TYPE) SIGNATURE DATE OF REQUEST
 CLAIMANT CLAIMANT'S ATTY EMPLOYER/EMP ATTY INSURER ATTY UEF/SIF

ADDRESS : _____ TEL: _____
STREET

CITY STATE ZIP

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