

IN THE WORKERS' COMPENSATION COMMISSION or THE WORKERS'  
COMPENSATION COURT OF EXISTING CLAIMS  
OF THE STATE OF OKLAHOMA

\_\_\_\_\_, )  
 )  
Claimant, )  
v. )  
\_\_\_\_\_, )  
 ) Case No. \_\_\_\_\_.  
Respondent, )  
 )  
 )  
\_\_\_\_\_, )  
Insurance Carrier. )  
(If applicable) )

**DESIGNATION OF RECORD FOR REVIEW OF A DECISION  
OF THE WORKERS' COMPENSATION COMMISSION or THE WORKERS'  
COMPENSATION COURT OF EXISTING CLAIMS**

\_\_\_\_\_ Designation of Record  
\_\_\_\_\_ Counter-Designation of Record  
\_\_\_\_\_ Amended Designation of Record

**A. DESIGNATION OF RECORD AND TRANSCRIPTS**

[Claimant or Respondent or Insurance Carrier] \_\_\_\_\_ hereby designates  
the following for inclusion in the record for the Supreme Court's review in this case:

**B. DATE, SIGNATURE, AND SERVICE BY COUNSEL OR PARTY**

DATE: \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature (Signature of Attorney or Pro Se Party)

\_\_\_\_\_  
Attorney for (Claimant, Respondent, or Insurance Carrier)

\_\_\_\_\_  
OBA No.

\_\_\_\_\_  
Firm

\_\_\_\_\_  
Address:

\_\_\_\_\_  
[include email address if applicable]

\_\_\_\_\_  
Telephone

**CERTIFICATE OF SERVICE**

I, \_\_\_\_\_, hereby certify that in addition to filing the original Designation of Record with the Clerk of the Workers' Compensation Commission or the Clerk of the Workers' Compensation Court of Existing Claims, copy of the foregoing Designation of Record was mailed this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_, to the following:

[Names and Addresses of all parties or their counsel of record]  
Office of the Attorney General