

WORKERS' COMPENSATION COMMISSION



REQUEST FOR A HEARING ON PREVIOUSLY WITHDRAWN ISSUES

INSTRUCTIONS: This form is to be used by parties to a compensation claim to request a hearing on specific issues previously filed and withdrawn within the past 90 days. This form serves as a request for such issues to be filed prior to the 90-day waiting requirement. WCC Issues form H24R must be attached to this form.

WCC CLAIM NUMBER:

CLAIMANT:

EMPLOYER:

INSURER:

HEALTHCARE PROVIDER:

Exemption from the 90-day waiting requirement is requested for the following reason(s): Any documentation establishing the foregoing facts and circumstances is attached.

Filed by: CLAIMANT/CLAIMANT'S ATTY EMPLOYER/INSURER or EMP/INS ATTY
HEALTHCARE PROVIDER/HEALTHCARE PROVIDER ATTORNEY

Address: Street
City State Zip Code
Telephone Number

CERTIFICATION OF SERVICE

I HEREBY CERTIFY that on this day of , service of the foregoing was made to all parties entitled to service in accordance with COMAR 14.09.01.03. I further certify that this Request for a waiver of 90-day waiting requirement has not been previously filed.

Name Signature