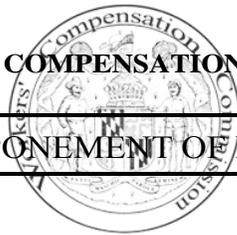


WORKERS' COMPENSATION COMMISSION



REQUEST FOR POSTPONEMENT OF EMERGENCY HEARING

INSTRUCTIONS: This form is to be used only to request an emergency hearing continuance, and is to be submitted without a cover letter. **The Commission does not accept FAXed documents.**

WCC Claim Number:

Claimant:

Employer:

Insurer:

CURRENTLY SCHEDULED HEARING INFORMATION

Hearing Date: Location: _____

Justification for Continuance:

REQUESTED BY:

Claimant Claimant Atty. Employer/Insurer Emp/Ins Atty Other:

Full Name: Telephone:

Address:

City: State: Zip Code:

Certificate 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 the opposing Counsel/parties have been contacted, and that they

Signature

Date