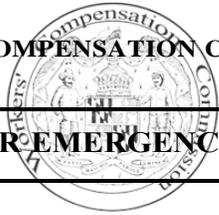


WORKERS' COMPENSATION COMMISSION



REQUEST FOR EMERGENCY HEARING

INSTRUCTIONS: This form is to be used by parties to request an Emergency Hearing relating to a claim previously filed with the Commission, where facts and circumstances warrant accelerated processing. Fill out this form as completely as possible and submit it to the Commission for appropriate action. This form is to be used only to request an Emergency Hearing and is to be submitted without a cover letter.

This request MUST be filed with a WCC Issues form H24R attached.

REQUEST TO THE COMMISSION

The undersigned party to this Workers' Compensation Claim hereby requests that an Emergency Hearing be scheduled on this case as soon as possible. The requesting party warrants that a copy of this request and its enclosed documentation have been sent to other parties to the action.

WCC Claim Number:

Consideration Date:

Claimant:

Employer:

Insurer:

JUSTIFICATION FOR EMERGENCY PROCESSING: Expedited processing of this case is requested for the following reason(s):

Documentation establishing the foregoing facts and circumstances is attached.

REQUESTED BY:

CLAIMANT CLAIMANT'S ATTY EMPLOYER/INSURER EMP/INS ATTY OTHER:

Full Name:

Address:

City:

State:

Zip Code:

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.

Signature

Date

Telephone