



REQUEST FOR TRANSCRIPT

INSTRUCTIONS: Fill out all required fields, along with any other pertinent information, print, sign and send to the Court Reporting Division by FAX - (410) 864-5181, email - wccourt@wcc.state.md.us, or mail to Workers' Compensation Commission, 10 East Baltimore Street, Baltimore, MD 21202, Attn: Court Reporting Division. Indicate in the comments section if this request is for a supplemental transcript from a subsequent proceeding that is currently on appeal.

\* Indicates a required field.

Date

WCC Claim Number(s)\*

Claimant Name \*

Hearing Date(s) Requested\*

Commissioner:

Appeal \* Yes No

Circuit Court Case Number, if known:

Need by Date

Transcripts requested for Appeals will be available no later than 60 days after the agency receives the first petition for judicial review, Md. Rule 7-206.1(c)(3); Md. Rule 7-206(d). Processing for non-appeals is within 30 days of this request; expedited processing is available.

Name of Requesting Party: \*

Phone \*

E-mail \*

Additional Comments or Information:

REQUESTING PARTY AGREES TO BE RESPONSIBLE FOR COST OF TRANSCRIPT(S) .

Printed Full Name

Signature

Address

Date

City

State ZIP Code

Telephone