

Request for Transcript - External

User Submission

A user that is a party to a Claim can Request a Transcript from the given Claim. (Users that are not a party will file using the Transcript Subpoena form)

Request for Transcript > Request for Transcript Submission

Claim Information

Claim Number: W000727 Claimant Name: Carlos Medina

Accident Date/Time: 06/12/2020 12:00 am

Type of Claim: Accidental Injury Description of Accident/Injury: Testing

Hearing Date(s) Being Requested

To select a hearing date(s) check the box next to your selection

Hearing Date

Selection	Hearing Date	Assigned Commissioner	Court Reporter
<input type="checkbox"/>	02/05/2023		

Transcript Information

Order from the hearing being appealed? Yes No

Contact Information

First Name: Carlos Middle Name: Last Name: Medina

Email: Carlos.Medina@wcc.state.md.us Address: 22991 GLENWOOD HEIGHTS CIR
BRAMBLETON VA 20148-6473

Phone: 123-456-7890

Certifications and Signature

Requesting party agrees to be responsible for cost of Transcript(s).

By checking this box, I affirm this is the electronic signature of the submitter for all purposes under the Maryland Workers' Compensation Law, Title 9 of the Labor & Employment Article of the Annotated Code of Maryland and the Maryland Uniform Electronic Transactions Act, Title 21 of the Commercial Law Article of the Annotated Code of Maryland.

1 Select the Hearing you are requesting a transcript from. All hearings for the Claim are available for selection in the table.

2 Indicate whether or not the Order issued as a result of the respective hearing is being appealed.

3 Don't forget to Sign & Certify!