

Enter/Withdraw Appearance



Starting the Process

Entering or Withdrawing your appearance from a Claim is now a streamlined and consolidated process. Both options use the same start form but display dynamic fields based on your selection. This process can be found under **Start New Action > Claims > Enter/Withdraw Appearance**.

1 Identify the underlying Claim by filling in the textboxes. The Claim Number and an additional piece of identifying information is required

The screenshot shows the 'Start New Action' form with three main sections: 'Claim', 'Claim Inquiry', and 'Enter / Withdraw Appearance'. The 'Claim' section has a 'Claim Number' field containing 'W201468'. The 'Claim Inquiry' section has a 'Claimant SSN' field with a placeholder 'XXX - XX -', a 'Claimant Last Name' field containing 'Doe', and a 'Claimant Date of Birth' field with a placeholder 'MM/dd/yyyy'. In the 'Enter / Withdraw Appearance' section, the 'Enter Appearance' checkbox is selected, and the 'Withdraw Appearance' checkbox is unselected. A green 'Create' button is at the bottom.

2 Select whether you are Entering or Withdrawing your appearance using the checkboxes provided.

The screenshot shows the 'Start New Action' form with the same 'Claim' and 'Claim Inquiry' sections as the previous one. In the 'Enter / Withdraw Appearance' section, the 'Withdraw Appearance' checkbox is selected, and the 'Enter Appearance' checkbox is unselected. Below the 'Withdraw Appearance' checkbox, there are two additional options, each with an unselected checkbox: 'The client has another attorney of record.' and 'The claim has been settled and there is no possibility of any further medical benefits. The order approving the final agreement of settlement with no possibility of any further medical benefits was issued.' At the bottom of this section, there is a text prompt: 'If neither of the above two options applies, please click the check box for other reason(s):' followed by an unselected checkbox.

If Withdraw Appearance is selected, additional options will be displayed.

Enter/Withdraw Appearance



Enter Appearance

To Enter your appearance simply select the Party type, sign, and submit; if you are representing an organization CompHub will prompt you to select the Organizations from the Claim File.

Case Information

Case Number:	EWA-726	Status:	Processing
Created Date:	10/02/2024	Created By:	Devin Maxwell

Claim Number: W200885 Claimant Name: John Beaver

Employer & Insurer

Employer	Insurer
7 NORTH PETRO INC DBA ABERDEEN EXXON AKN PETRO INC	AMERICAN COMPENSATION INSURANCE COMPANY

Individual Participants

Participant Name	Party	Employer Name	Insurer Name	Healthcare Provider Name
Judy Andrews	Claimant Attorney			
John Beaver	Claimant			

Enter Appearance

Party:

CERTIFICATIONS AND SIGNATURE

I HEREBY CERTIFY that on October 2, 2024, that service of the foregoing was made in accordance with COMAR 14.09.01.03.

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

Claimant Attorney
Employer Attorney
Insurer Attorney
Healthcare Provider Attorney

MARYLAND WORKERS' COMPENSATION COMMISSION

REQUEST TO ENTER APPEARANCE OF COUNSEL

This form is to be used by an attorney only to enter his/her appearance on behalf of a Claimant, SF, UEF, Healthcare Provider, Employer, or Insurer.

WCC Claim Number: W000274
Date of Accident: 01/01/2020

Claimant:
• Name: Carlos Medina Attorney: Aruna Kamana

Employers:
• Name: ORGANIZE MY SPACE LLC Attorney:

Insurers:
• Name: ACCEPTANCE INSURANCE CO Attorney:

HealthCare Provider (if applicable):
• Name: Attorney:

ATTORNEY INFORMATION

Name of Counsel: Aruna Kamana
Address: 1001 CONNECTICUT AVE NW
City, State, ZIP Code: WASHINGTON, DC, 20036-5504
Telephone: 4876876293
Email: akamana@wcc.state.md.us
On Behalf of: Claimant Attorney

CERTIFICATION

I HEREBY CERTIFY that on June 15, 2023, that service of the foregoing was made in accordance with COMAR 14.09.01.03.

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.

Electronically Signed By:
Aruna Kamana

Date: 06/15/2023 11:51 AM

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PDF Copy

1 Choose the Party using the dropdown. Don't forget to Sign and Certify!

Enter Appearance

Party:

Are you also representing an employer? Yes No

Employer:

Insurer:

If Employer or Insurer Attorney is chosen you must identify the Employer and/or Insurer using the dropdown of participating Employers/Insurers.

Enter/Withdraw Appearance



Withdraw Appearance

Withdrawing your Appearance requires identifying the Claim and specifying that you are in fact withdrawing, along with other supplemental information. Depending on the option(s) chosen the Motion to Withdraw or Notice of Withdrawal Form will display.

Start New Action

Claim

Claim Number: W201468

Claim Inquiry

You must enter one piece of information in order to access a claim.

Claimant SSN: XXX - XX - []

Claimant Last Name: Doe

Claimant Date of Birth: MM/dd/yyyy []

Enter / Withdraw Appearance

Enter Appearance Withdraw Appearance

The client has another attorney of record.

The claim has been settled and there is no possibility of any further medical benefits. The order approving the final agreement of settlement with no possibility of any further medical benefits was issued.

If neither of the above two options applies, please click the check box for other reason(s):

Enter / Withdraw Appearance

Enter Appearance Withdraw Appearance

If neither of the above two options applies, please click the check box for other reason(s):

Other Reason(s):

[Red-bordered text area]

1 Select Withdraw appearance and if applicable; select whether the client has another attorney of record and if the claim has been settled with no possibility of any further medical benefits. If none apply, select "Other"

2 IF neither of the other two options describe the withdrawal, the "Other" option must be selected and completed before proceeding.

Enter/Withdraw Appearance



Notice of Withdrawal

If the Claimant has another attorney of record or the Claim has been fully settled, Comphub presents the Notice to Withdraw Appearance Form. This form allows the user to withdraw by submitting the signed form. Upon submission, CompHub will strike the attorney from the case and generate the PDF Notice to Withdraw.

Notice to Withdraw Appearance

Case Information

Case Number:	EWA-663	Status:	Processing
Created Date:	07/11/2023	Created By:	Devin Maxwell

Claim Number: W201468 Claimant Name: Devin Maxwell III

Employer & Insurer

Employer	Insurer
CASINO INC	NON-INSURED EMPLOYER
CASINO INC	UNINSURED EMPLOYERS FUND

CERTIFICATIONS AND SIGNATURE

I HEREBY CERTIFY that on July 11, 2023, that service of the foregoing was made in accordance with COMAR 14.09.01.03.

I HEREBY CERTIFY that at least 15 days prior to the filing of the Notice, a copy of the following was mailed to the client in accordance with COMAR 14.09.04.01E and that the client had consented or had not responded: (a) Notice to Withdraw Appearance; and (b) notice advising the client (i) to have another attorney enter an appearance; or (ii) to notify the Commission in writing of the client's intention to proceed in proper person. I also certify that in accordance with COMAR 14.09.04.01F (1) copies of the Notice to Withdraw Appearance form with the attachment required by this regulation were served on all parties; and (2) notice of any pending hearing was mailed to the attorney's client.

1 After reviewing the form, check the corresponding signature boxes and submit the form.

Enter/Withdraw Appearance



Motion to Withdraw Appearance

If the "Other" option is selected, CompHub displays the Motion to Withdraw Appearance. This form must be completed and submitted to the Commission for action

Motion to Withdraw Appearance

Case Information

Case Number:	EWA-729	Status:	Processing
Created Date:	10/02/2024	Created By:	Devin Maxwell

Claim Number: W201506 Claimant Name: John Doe

Employer & Insurer

Employer	Insurer
ZP INVESTMENTS LLC	HARTFORD INSURANCE CO OF THE SOUTHEAST

Fee Lien Requested: Yes No If yes is selected, a task will be created for you to submit a fee petition.

Motion to Withdraw Information

In accordance with COMAR 14.05.04.01E(2), the undersigned counsel moves to withdraw their appearance for the following reasons:

Note: If this motion is filed less than 10 business days prior to a hearing, please also explain why withdrawal of representation will not cause undue delay, prejudice, or injustice.

Please click + icon below to add new supporting document(s)
All attachments should be converted to PDF format before uploading

To delete a particular row, select the corresponding row and then click on the trash icon.

Attachments

No records

I HEREBY CERTIFY that

the client has consented to the withdrawal and a copy of the signed, written consent is attached; or

that notice has been mailed at least 5 business days prior to the filing of this motion, informing the client of the attorney's intention to move for withdrawal and advising the client to have another attorney enter an appearance or to notify the Commission in writing or through CompHub of the client's intention to proceed in proper person.

Other Reason: This is where the reasoning for withdrawing appearance is entered. It will be applied to any necessary forms/documents.

I understand that the Commission may deny the motion if withdrawal of the appearance would cause undue delay, prejudice, or injustice.

CERTIFICATIONS AND SIGNATURE

I HEREBY CERTIFY that on October 2, 2024, that service of the foregoing was made in accordance with COMAR 14.05.01.03.

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 Review the form for accuracy.

2 Select whether or not a Fee Lien is being requested. If 'Yes' is chosen, CompHub generates a Fee Petition for the user.

3 Enter the reason(s) for the withdrawal in the textbox. If within 10 days of the Hearing Date the user must provide an explanation as to why the withdrawal won't cause undue delay, prejudice, or injustice.

4 Click the Plus Sign(+) icon to add supporting documentation.

5 Sign and Certify your submission. Please note the additional certification statements that require the user to confirm that notice was given or that the Claimant Consents to the Withdrawal (Must be attached to the submission via Step 4).

