## **Request for Video Remote Hearing**

## QuickStart Guide

~ ~ ~ Vouscan R m Т

		eurings-kequest Mae		<b>Review the instructions</b>
Instructions and Technical Inform	ation			and technical
INSTRUCTIONS:				requirements to ensur
• You must contact the opposing side ar	d get agreement before req	uesting a video remote hearing.		you meet the requirem
<ul> <li>If the claim is already scheduled for an</li> <li>Indicate if an interpreter is needed and</li> </ul>	onsite hearing, the onsite h which language. The filing	nearing will be automatically postponed if party will be contacted if there is an issue	the request for a VRH is or question about the	interpreter. for a Remote Hearing.
<ul> <li>All parties should submit and review th</li> <li>If a Request for Postponement of the V</li> <li>normal course as an in-person hearing</li> </ul>	e Exhibits prior to the heari RH is filed, the filing party r ind a new Request for VRH	ing. nust notate that the parties agree to the h will have to be filed as outlined above.	earing being reset as a	VRH. Failure to do this will result in the hearing being rese
Technical Information & Addition	Il Requirements			
iPad or Mac. Participation via PC is avai fewer options and needs more bandwid Joining the VRH by video is required. Cl their phone. Most smartphones are aud Scheduled times of the VRH are approxi When the case is scheduled, a Court Re invitation. You may install the Teams ap	able as "join by web" only h than Teams. You can dow aimant/witness participants o/ video capable and there i mate and participants must porter will issue a Microsofi o in advance by selecting th	using Edge or Chrome as your default br- rnload the app in advance of the hearing v may not join via audio only. If appropriat is a Teams for iPhone and Android. remain ready to begin the hearing at any Teams email invite to all participants. Jo e link and choosing to download/install T	owser. A camera and mi via the Apple or Android e, other participants wh time after the assigned ining the VRH is access feams.	icrophone is required for video participation. Join by web h d app store at no cost. no do not have audio/video capability may talk and listen th I time. You will wait in the "lobby" until admitted. sed by clicking on the Join Microsoft Teams Meeting link in
laim Number: W201497		Claimant Name:	John Doe	2 Review the Claim
<ul> <li>Employer &amp; Insurer</li> </ul>				information for accura
Employer		Insurer		, ,
ACE DECONSTRUCTION LLC		NON-INSUF	RED EMPLOYER	
ACE DECONSTRUCTION LLC	: O Yes O No		D EMPLOYERS FUND	
ACE DECONSTRUCTION LLC	: Ves O No	3 Specify if the required. an inbox to	the parties ho fan interpre fask for the In	ave all agreed and if an interprete ter is requested, CompHub genero terpreter Request process.
ACE DECONSTRUCTION LLC	: Yes No	3 Specify if the required. It an inbox the second s	the parties ho f an interpre ask for the In	ave all agreed and if an interprete ter is requested, CompHub genero terpreter Request process.
ACE DECONSTRUCTION LLC	: Yes No	3 Specify if a required. an inbox t	the parties ho fan interpre task for the In	ave all agreed and if an interprete ter is requested, CompHub genero nterpreter Request process.
ACE DECONSTRUCTION LLC o you have agreement from all the parties iditional Comments/Information: Interpreter Needed: Hearing Participants Please enter a ten digit phone number wi	: Yes No	3 Specify if a required. an inbox t spacing (Ex, 4105551234). 4 Add, sector	DEMPLOYERS FUND the parties ho If an interpre task for the In edit participation. Type in the	ave all agreed and if an interprete ter is requested, CompHub genero aterpreter Request process. ants using the Hearing Participan the textbox to edit participants. Cli
ACE DECONSTRUCTION LLC o you have agreement from all the parties dditional Comments/Information: Interpreter Needed: Hearing Participants Please enter a ten digit phone number wi You must submit a telephone number an	: Yes No Yes No Yes No	3 Specify if the required. In the provide the provident of the provident o	the parties ho the parties ho f an interpre task for the In dedit participo ion. Type in the plus icon to a	ave all agreed and if an interprete ter is requested, CompHub genero aterpreter Request process. Tants using the Hearing Participan the textbox to edit participants. Cli dd participants
ACE DECONSTRUCTION LLC o you have agreement from all the parties dditional Comments/Information: Interpreter Needed: Hearing Participants Please enter a ten digit phone number wi You must submit a telephone number and Hearing Parties Control to the second secon	: Yes No Yes No Yes No	3 Specify if a required. an inbox t spacing (Ex, 4105551234) cipants. 4 Add, sector the p	DEMPLOYERS FUND the parties ho If an interpre task for the In eak for the In eak for the In task for the In the Interpret of the Interpret to Interpret of the Interpret of the Interpret to Interpret of the Interpret of the Interpret of the Interpret to Interpret of the Interpret of t	ave all agreed and if an interprete ter is requested, CompHub genero aterpreter Request process. ants using the Hearing Participan the textbox to edit participants. Cli dd participants
ACE DECONSTRUCTION LLC  b you have agreement from all the parties  dditional Comments/Information: Interpreter Needed: Hearing Participants Please enter a ten digit phone number wi You must submit a telephone number an Hearing Parties Full Name	: Yes No Yes No	3 Specify if a required. an inbox t spacing (Ex, 4105551234) cipants. 4 Add, sector the p	the parties ho the parties ho f an interpre task for the In dedit participo ion. Type in the plus icon to a	ave all agreed and if an interprete ter is requested, CompHub genero aterpreter Request process. Tants using the Hearing Participan the textbox to edit participants. Cli dd participants
ACE DECONSTRUCTION LLC  b you have agreement from all the parties dditional Comments/Information: Interpreter Needed: Hearing Participants Please enter a ten digit phone number wi You must submit a telephone number and Hearing Parties Full Name John Doe	: Yes No Yes No Yes No th no special characters or I email address for all partic Party Claimant	Specify if the required. an inbox the period of the spacing (Ex, 4105551234). spacing (Ex, 4105551234). the period of the space of the	DEMPLOYERS FUND the parties ho If an interpre task for the In eak for the In eak for the In task for the In the Interpreter of the Interpret to Interpret of the Interpret of the Interpret to Interpret of the Interpret o	ave all agreed and if an interprete ter is requested, CompHub genera aterpreter Request process. ants using the Hearing Participan the textbox to edit participants. Cli dd participants Phone 410864510
ACE DECONSTRUCTION LLC  p you have agreement from all the parties  dditional Comments/Information: Interpreter Needed:  Hearing Participants  Please enter a ten digit phone number wi You must submit a telephone number an  Hearing Parties  Full Name John Doe Devin Maxwell	: Yes No Yes No Yes No th no special characters or demail address for all partic Party Claimant Insurer	3 Specify if a required. an inbox t spacing (Ex, 4105551234) tipants. 4 Add, sector the j contemailme@gmail.com dmaxwell@wcc.state.md.us	DEMPLOYERS FUND the parties ha If an interpre cask for the In Vedit participa ion. Type in the plus icon to a	ave all agreed and if an interprete ter is requested, CompHub genera aterpreter Request process. ants using the Hearing Participan the textbox to edit participants. Cli dd participants Phone 410864510
ACE DECONSTRUCTION LLC  b you have agreement from all the parties  dditional Comments/Information:  Interpreter Needed:  Hearing Participants  Please enter a ten digit phone number wi You must submit a telephone number and  Hearing Parties  Full Name John Doe Devin Maxwell	: Yes No Yes No Yes No th no special characters or I email address for all partice Party Claimant Insurer	spacing (Ex, 4105551234) Email dontemailme@gmail.com	DEMPLOYERS FUND the parties ho If an interpre task for the In eak for the In eak for the In the for the for the for the In the for the	ave all agreed and if an interprete ter is requested, CompHub genera aterpreter Request process. ants using the Hearing Participan the textbox to edit participants. Cli dd participants Phone 410864510

✓ Issues	New issues can be raised at this point			
Do you wish to file additional new issues?:	🔵 Yes 💿 No			
✓ The Party raises contesting issues as follows				
Description				
Did the employee sustain an injury causally related to an accident which arose out of and in the cou				
Is the disability of the employee (TT/TP/PT/PP) causally related to the accidental injury?				
Did the employee sustain a compensable hernia within the meaning of the Workers' Compensation				
Average weekly wage				
Limitations				
Jurisdiction				
Statutory employment				
Attorney fees/costs				
✓ CERTIFICATIONS AND SIGNATURE				
I HEREBY CERTIFY that on September 5, 2023, 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' 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.

*5* Don't forget to Sign and Certify