

§ 12.15 Request for Certification of Record—Workers Compensation Cases

BEFORE THE DIVISION OF WORKERS COMPENSATION FOR THE STATE OF KANSAS

[Insert Name],

Claimant/ [Insert Appellate Designation],

vs.

Docket No. [Insert Number]

[Insert Name],

Respondent/ [Insert Appellate Designation],

and

[Insert Name],

Insurance Carrier/[Insert Appellate Designation].

REQUEST FOR CERTIFICATION OF RECORD

[Insert Name], Petitioner, requests the Workers Compensation Appeals Board to certify the record of the proceedings in this matter and transmit the record to the clerk of the appellate courts.

Attorney's Signature

/s/ _____

Attorney's Name (typed or printed)

Kansas Attorney Registration Number

Address

Telephone Number

Fax Number

E-mail Address

Name of the Party Represented

CERTIFICATE OF SERVICE

I certify that a true and correct copy of this Request for Certification of Record was sent by [Insert Method] on [Insert Date] to:

[Insert names and addresses of those on whom service is made.]

/s/

Attorney's Name and Registration Number

PRACTICE NOTE: A separate request should be made for preparation of a transcript of any hearing before the Board. The Board will not transmit the record to the clerk of the appellate courts until all transcripts are complete.

When appeals are taken from the Board of Tax Appeals to the Court of Appeals under Rule 9.03, a similar procedure applies, and this form can be adapted to those appeals.