

§ 12.4 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

COMES NOW the Petitioner and requests that the Workers Compensation Board certify the record of the proceedings in this matter and transmit the record to the Clerk of the Appellate Courts forthwith.

[Name of Law Firm]

BY _____

[Attorney's Name and Registration Number]
[Address]
[City, State and Zip Code]
[Telephone Number]
Attorney for [Insert party designation]

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Request for Record was furnished, by United States Mail, postage prepaid, this [Insert Date], to:

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

[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 Court of Tax Appeals to the Court of Appeals pursuant to Rule 9.03, a similar procedure applies, and this form can be adapted to those appeals.