

IN THE WORKERS' COMPENSATION COURT  
OF THE STATE OF OKLAHOMA

_____ ,	)	
	)	
Claimant,	)	
	)	W.C.Ct. No. _____.
v.	)	
	)	
_____ ,	)	
	)	
Respondent,	)	
	)	
_____	)	
Insurance Carrier.	)	
(If applicable)	)	

**DESIGNATION OF RECORD FOR REVIEW OF AN ORDER  
OF THE WORKERS' COMPENSATION COURT**

- Designation of Record
- Counter-Designation of Record
- Amended Designation of Record

**A. DESIGNATION OF RECORD AND TRANSCRIPTS**

[Claimant or Respondent or Insurance Carrier] \_\_\_\_\_ hereby designates the following for inclusion in the record for the Supreme Court's review in this case:

**B. DATE, SIGNATURE, AND SERVICE BY COUNSEL OR PARTY**

DATE: \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_

(Signature of Attorney or Pro Se Party)

Attorney for \_\_\_\_\_

(Claimant, Respondent, or Insurance Carrier)

OBA

No.:

\_\_\_\_\_  
Firm: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

#### CERTIFICATE OF SERVICE

I, \_\_\_\_\_, hereby certify that in addition to filing the original Designation of Record with the Clerk of the Workers' Compensation Court a copy of the foregoing Designation of Record was mailed by first class mail, postage prepaid, this \_\_\_ day of \_\_\_\_\_ 20\_\_, to the following:

[Names and Addresses of all parties or their counsel of record]

\_\_\_\_\_