

NOTICE OF REPRESENTATION BY AN ATTORNEY

Instructions: An attorney who represents any party other than an employee or a claimant must file this form with the Board to serve as notice of representation. The attorney may elect to photocopy or print this form on his or her letterhead stationery, and if so, the exact format must be copied, except that the printed portion requiring the firm name, address, telephone number, and fax number should not be copied if that information appears in the letterhead, and these instructions may be omitted. Other information or requests should not be added to the format. An attorney representing an employee or claimant should not use this form, but should instead file a fee contract. Do not send a cover letter to the Board.

This serves notice that attorney:

of the firm:

at the mailing address of:

telephone number:

fax number:

is counsel for the following party or parties:
[Use names, not labels such as "employer"]

regarding a claim of employee:

whose social security number is:

for the date of injury of:

I certify that I have today sent a copy of this to all counsel and unrepresented parties listed here:

Signature of Attorney

Date