

REQUEST BY COUNSEL FOR PERMISSION TO WITHDRAW FROM REPRESENTATION

Instructions to attorney: Provide all pertinent information on this form, and file this form in order to request permission to withdraw from this case, pursuant to Board Rule 108(d). If a hearing notice has been issued by a judge and this matter is in active litigation, send this form plus one copy to the judge in an envelope addressed specifically to that judge. Otherwise, send this form plus one copy to the Board at Suite 1000 - South Tower, One CNN Center, Atlanta, Georgia 30303-2788, without listing an individual addressee. Send this to your client, and to all opposing counsel and unrepresented parties. Sign the notice and certificate of service. If your client consents, the client must sign this form. If your client does not consent, a signature is not needed. If you are allowed to withdraw as counsel, the order below will be signed and returned to you, and you should promptly send a copy to your client. Do not send a cover letter to the Board.

NOTICE TO CLIENT

In regard to claim number:
for injury date:

- ☐ A hearing is not scheduled in this matter, and I have not been notified of any other deadline which requires a response.
- ☐ A hearing has been scheduled for the date of _____.
.
- ☐ A deadline for a response to _____
has been set for the date of _____.

I wish to withdraw from representation in this case. The State Board of Workers' Compensation retains jurisdiction of this case. If you fail or refuse to meet your obligations with respect to the dates for hearing or response indicated above, you may suffer adverse consequences, including loss of benefits. The scheduling and holding of proceedings, including a hearing, will not be affected by this withdrawal. If permission is granted for my withdrawal, an order will be signed by a judge, and I will send you a copy. If you choose to object, you must write, within 10 days, to the State Board of Workers' Compensation, Suite 1000 - South Tower, One CNN Center, Atlanta, Georgia 30303-2788, and give a reason for your objection. I am sending you a copy of this at your address of record, and I am also sending a copy to all opposing counsel and unrepresented parties.

Signature of Attorney

Date

I consent to my attorney's request to withdraw from representation in this case.

Signature of Client

Date

ORDER

I have considered the request of attorney _____
to withdraw as counsel in this case.

I grant the request to withdraw.

ADMINISTRATIVE LAW JUDGE