

NOTICE OF FEE LIEN BY ATTORNEY

Instructions: File this in order to file a lien for legal services pursuant to Board Rule 108(e) within 20 days of your withdrawal or termination. Send the original to the State Board of Workers' Compensation, Suite 1000 - South Tower, One CNN Center, Atlanta, Georgia 30303-2788, and send a copy to all counsel and unrepresented parties, including your former client. If any attorney fees are approved by the Board, a properly filed lien will be considered. If you receive notice from the Board that a hearing will be held in this matter, your failure to appear at the hearing and present evidence in support of your lien will void the lien. Do not send a cover letter to the Board.

attorney:

against the benefits of employee or claimant:

This is to serve notice that

files this lien for legal services

whose social security number is:
and whose date of injury is:

__ In writing, I withdrew from representation on the date of ____

__ In writing, my client terminated my services on the date of ____

The value of my legal services for this client is:

I have today served a copy of this on all counsel and unrepresented parties, including my former client, listed here:

Signature _____ Date _____
Type here your address and telephone number