

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

NOTICE OF REPRESENTATION OF ANY PARTY OTHER THAN A CLAIMANT OR EMPLOYEE BY AN ATTORNEY

(This form is not to be filed by an attorney for claimant / employee)

| | | | | | |
|-----------------|--------------------|---------------------|------|-------------------------|----------------|
| Board Claim No. | Employee Last Name | Employee First Name | M.I. | SSN or Board Tracking # | Date of Injury |
|-----------------|--------------------|---------------------|------|-------------------------|----------------|

| A. IDENTIFYING INFORMATION | | | | | |
|---|------------------|-------------------------------|----------------------|-------|----------------------------|
| EMPLOYEE | County of Injury | | Address | | |
| Employee E-mail | | City | | State | Zip Code |
| ATTORNEY FOR EMPLOYEE / CLAIMANT | Name | | EMPLOYER | Name | |
| Address | | Address | | | |
| City | | State | Zip Code | City | |
| GA Bar number | | Employer E-mail | | | |
| Attorney E-mail | | INSURER / SELF-INSURER | Name | | |
| PARTY AT INTEREST | Name | | CLAIMS OFFICE | Name | |
| Address | | Address | | | SBWC ID # (five digit no.) |
| City | | State | Zip Code | City | |
| Party E-mail | | Claims E-mail | | | |

| B. NOTICE | | | | | |
|--|----------------|--|-------|---------------|--|
| This serves notice that Attorney: _____ | | | | | |
| of the firm: _____ | | | | | |
| at mailing address: _____ | | | | | |
| Telephone Number | City | | State | Zip Code | |
| Fax Number | E-mail Address | | | GA Bar Number | |
| Is counsel in this case for the following named party / parties: | | | | | |

| C. CERTIFICATION | | |
|---|----------------|------|
| <input type="checkbox"/> I certify that I have today sent a copy of this form to all parties named above and to the State Board of Workers' Compensation, 270 Peachtree Street N.W., Atlanta, GA 30303-1299 | | |
| Signature | E-mail Address | Date |

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbcw.georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).