

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

ATTORNEY WITHDRAWAL / LIEN

Board Claim No.	Employee Last Name	Employee First Name	M.I.	Date of Injury
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A. NOTIFICATION TO CLAIMANT

I hereby notify _____ (Client) that I am withdrawing from representation in this claim.

- I certify that there is no review pending before the Appellate Division.
- A hearing / mediation is not scheduled in this matter and I have not been notified of any other deadline which requires a response.
- A hearing / mediation has been scheduled for the date of _____ / _____ / _____, and a notice is attached.
(month) (day) (year)
- A deadline for a response to _____ has been set for the date of _____ / _____ / _____.
(month) (day) (year)
- I am waiving any claim for approval of attorney's fees.

(Client) is further notified that the State Board of Workers' Compensation retains jurisdiction of this case and that the failure or refusal to meet your legal obligations with respect to your claim may result in penalties and / or loss of benefits. If you have any further questions, you may contact the State Board of Workers' Compensation at 1-800-533-0682 or 404-656-3818.

B. CLAIMANT'S ATTORNEY NOTICE OF LIEN / INCURRED EXPENSES

- In writing, I withdrew from representation on the date of _____ / _____ / _____.
(month) (day) (year)
- I received in writing on _____ / _____ / _____ that my client terminated my services. (Copy attached)
(month) (day) (year)
- I certify the fair and reasonable value of my services is \$ _____. (Attach supporting documentation or the lien will not be approved)
- The following actual and reasonable expenses have been incurred in this claim: (List specific expense).

C. NOTIFICATION TO EMPLOYER/INSURER

I hereby notify _____ that I am withdrawing from representation in this claim.

D. CERTIFICATE OF SERVICE

- I hereby certify that the above is true and correct to the best of my knowledge. I have today served a copy of this on all counsel and unrepresented parties in this claim, including my former client.

Print Name Here		Phone Number		
Signature	Mailing Address		Date	
E-mail	City	State	Zip Code	GA Bar Number

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.sbw.c.ga.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).