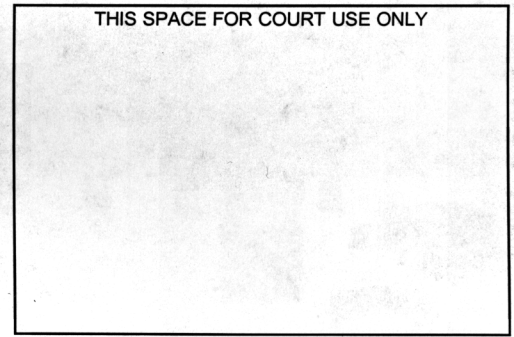


Send original and 3 copies to
Workers' Compensation Court



In re claim of:

Full Name of Claimant (Injured Employee)
Claimant's Social Security Number
Name of Employer or Respondent
Employer's Insurance Carrier, Permit # for Court Approved Individual Self-Insured or Own Risk Group, Uninsured

APPLICATION AND ORDER FOR LEAVE TO WITHDRAW
AS ATTORNEY OF RECORD

COURT CLAIM NO.
Date of Injury

COMES NOW the below signed Attorney of Record in the above-captioned matter requests that this Court grant leave to withdraw as Attorney of Record pursuant to Workers' Compensation Court Rule 34. In support of this Application, the undersigned attorney states as follows:

YES	NO
-----	----

Please mark the appropriate yes/no response to the left of each numbered question.

- _____ 1. The client has knowledge of this *Application To Withdraw as Counsel*.
- _____ 2. The client has approved the withdrawal.
- _____ 3. I have made a good faith effort to notify the client and the client cannot be located.
- _____ 4. The case is set for: Trial TID PHC Settlement Conference
Date of Proceeding: _____ On the Issue(s) of: _____
- _____ 5. The case has been tried and is pending for an Order.
TRIAL DATE: _____ On the issue(s) of: _____
- _____ 6. The case is pending, on appeal to the: Court En Banc Supreme Court
- _____ 7. An Order awarding Permanent Total Disability has been entered by the Court.
DATE OF ORDER: _____
- _____ 8. An Order awarding Death Benefits has been entered by the Court.
DATE OF ORDER: _____

I declare under penalty of perjury that I have examined all statements contained herein, and to the best of my knowledge and belief, they are true, correct and complete. Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony.

I HEREBY CERTIFY THAT A COPY HAS BEEN SENT TO:

Opposing Party
Address (Number & Street)
City State Zip Code
Withdrawing Attorney's Client
Address (Number & Street)
City State Zip Code

Signed this _____ day of _____, _____

Signature of Requesting Party
Address (Number & Street)
City State Zip Code
Telephone # of Requesting Party
Print or type name of Attorney OBA #

IT IS THEREFORE ORDERED, for good cause shown, that the above signed attorney is hereby permitted to withdraw as Attorney of Record from the above captioned case.

BY ORDER OF _____