

# CC-FORM-93

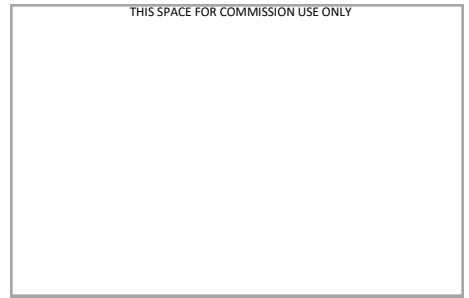
WORKERS' COMPENSATION COMMISSION  
1915 NORTH STILES AVENUE STE 231  
OKLAHOMA CITY, OKLAHOMA 73105

THIS SPACE FOR COMMISSION USE ONLY

Send original and 2 copies to:  
Workers' Compensation Commission

**In re claim of:**

Full Name of Claimant (Injured Employee)
Claimant's Social Security Number (LAST 5 DIGITS ONLY)
XXX-X _____
Name of Employer (Respondent)
Employer's Insurance Carrier, Permit # for Commission Approved Individual Self-Insured or Own Risk Group, Uninsured



**APPLICATION AND ORDER FOR LEAVE TO WITHDRAW  
AS ATTORNEY OF RECORD**

COMMISSION FILE NO.
Date of injury

COMES NOW the undersigned Attorney of Record in the above-captioned matter and requests the Commission for leave to withdraw as Attorney of Record pursuant to Workers' Compensation Commission Rule 810:10-1-10(c), and in support thereof states:

<b>YES</b>	<b>NO</b>	Please mark the appropriate yes/no response to the left of each numbered question.
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- |       |       |  |
|-------|-------|--|
| _____ | _____ | 1. The client has knowledge of this <i>Application To Withdraw as Attorney</i> .   |
| _____ | _____ | 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: <input type="checkbox"/> Hearing <input type="checkbox"/> PHC <input type="checkbox"/> Mediation     |
|       |       | Date of Proceeding: _____ On the Issue(s) _____  |
| _____ | _____ | 5. The case has been heard and is pending for an Order.  |
|       |       | HEARING DATE: _____ On the Issue(s): _____   |
| _____ | _____ | 6. The case is pending on appeal to the : <input type="checkbox"/> Commission En Banc <input type="checkbox"/> Supreme Court |
| _____ | _____ | 7. An Order awarding Permanent Total Disability has been entered by the Commission.  |
|       |       | DATE OF ORDER: _____   |
| _____ | _____ | 8. An Order awarding Death Benefits has been entered by the Commission.  |
|       |       | 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 punishable by imprisonment, a fine or both.

**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** \_\_\_\_\_ **Administrative Law Judge** \_\_\_\_\_ **Date of Order**