

CC-FORM-93

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

Send original and 2 copies to:
Workers' Compensation Commission

THIS SPACE FOR COMMISSION USE ONLY

In re claim of:

Full Name of Claimant (Injured Employee)
Claimant's Social Security Number (LAST 4 DIGITS ONLY)
XXX-XX-_____
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:

YES	NO	Please mark the appropriate yes/no response to the left of each numbered question.
_____	_____	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) of: _____
_____	_____	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