## GEORGIA STATE BOARD OF WORKERS' COMPENSATION ATTORNEY WITHDRAWAL/LIEN

## A. <u>IDENTIFYING INFORMATION</u>

| Employee Name   | Social Security Number   |
|---|--|
| Address   | Date of Injury   |
|   | County of Injury   |
| NOTIFICATION TO CLIENT  |  |
| I hereby notify   | (Client) that I am withdrawing from representation in this claim. I certify that there is no review  |
| 1 0 11  | ave not been notified of any other deadline which requires a response.   |
|   | and a notice is attached.  |
| A deadline for a response to has of Workers' Compensation retains jurisdiction of   | been set for the date of(Client) is further notified that the State Board  This case and that the failure or refusal to meet your legal obligations with respect to your claim  Tyou have any further questions, you may contact the State Board or Workers' Compensation at |
| I am waiving any claim for approval of attorney's   | s fees.  |
|   |  |
| NOTICE OF LIEN/INCURRED EX  | XPENSES  |
|   |  |
|   | on the date of   |
| In writing, I withdrew from representation  |  |
|   | nat my client terminated my services. (Copy attached.)   |
| I received in writing onth  | nat my client terminated my services. (Copy attached.)  ny services is \$  |
| t I received in writing ont   | nat my client terminated my services. (Copy attached.)  ny services is \$  |
| I received in writing onth  I certify the fair and reasonable value of n  (Attach supporting documentation or the   | nat my client terminated my services. (Copy attached.)  my services is \$  |
| I received in writing onth  I certify the fair and reasonable value of n  (Attach supporting documentation or the   | nat my client terminated my services. (Copy attached.)  my services is \$  lien will not be approved.)   |
| I received in writing onth  I certify the fair and reasonable value of n  (Attach supporting documentation or the   | nat my client terminated my services. (Copy attached.)  ny services is \$  lien will not be approved.)   |
| I received in writing onth  I certify the fair and reasonable value of n  (Attach supporting documentation or the   | nat my client terminated my services. (Copy attached.)  ny services is \$  lien will not be approved.)   |
| I received in writing onth  I certify the fair and reasonable value of n (Attach supporting documentation or the The following actual and reasonable expe | nat my client terminated my services. (Copy attached.)  my services is \$  lien will not be approved.)  enses have been incurred in this claim: (List specific expense.)   |
| I received in writing onth  I certify the fair and reasonable value of n  (Attach supporting documentation or the   | nat my client terminated my services. (Copy attached.)  ny services is \$  lien will not be approved.)   |
| I received in writing onth  I certify the fair and reasonable value of n (Attach supporting documentation or the The following actual and reasonable expe | nat my client terminated my services. (Copy attached.)  my services is \$  lien will not be approved.)  enses have been incurred in this claim: (List specific expense.)   |
| I received in writing onth  I certify the fair and reasonable value of n (Attach supporting documentation or the The following actual and reasonable expe | nat my client terminated my services. (Copy attached.)  my services is \$  |
| I received in writing onth  I certify the fair and reasonable value of n (Attach supporting documentation or the The following actual and reasonable expe | nat my client terminated my services. (Copy attached.)  my services is \$  |
| I received in writing on  | nat my client terminated my services. (Copy attached.)  my services is \$  |
| I received in writing onth  I certify the fair and reasonable value of n (Attach supporting documentation or the The following actual and reasonable expe | nat my client terminated my services. (Copy attached.)  my services is \$  |
| I received in writing on  | nat my client terminated my services. (Copy attached.)  my services is \$  |
| I received in writing on  | nat my client terminated my services. (Copy attached.)  my services is \$ lien will not be approved.)  enses have been incurred in this claim: (List specific expense.)  Signature  Date   |
| I received in writing on  | nat my client terminated my services. (Copy attached.)  my services is \$ lien will not be approved.)  enses have been incurred in this claim: (List specific expense.)  Signature  Date   |
| I received in writing on  | nat my client terminated my services. (Copy attached.)  my services is \$  |
| I received in writing on  | nat my client terminated my services. (Copy attached.)  my services is \$  |
| I received in writing on  | nat my client terminated my services. (Copy attached.) my services is \$   |

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).