

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION  
NOTICE OF REPRESENTATION OF ANY PARTY  
OTHER THAN A CLAIMANT OR EMPLOYEE BY AN ATTORNEY**

**A. IDENTIFYING INFORMATION**

Employee Name \_\_\_\_\_  
Address \_\_\_\_\_  
Employer Name \_\_\_\_\_  
Address \_\_\_\_\_  
Insurer \_\_\_\_\_  
Address \_\_\_\_\_  
Servicing Agent \_\_\_\_\_  
Address \_\_\_\_\_  
Party At Interest \_\_\_\_\_  
Attorney for \_\_\_\_\_  
Employee/Claimant \_\_\_\_\_

Soc. Security No. \_\_\_\_\_  
Date of Injury \_\_\_\_\_  
County of Injury \_\_\_\_\_  
MCO Yes  No

**B. NOTICE OF CLAIM**

- 1. A hearing has not been requested.
- 2. A hearing has been requested and the claim has been assigned to Judge:

\_\_\_\_\_  
(Send this form directly to the Judge's Office.)

**C. NOTICE**

**This serves notice that  
Attorney:  
of the firm:  
at the mailing address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**telephone number:  
fax number:  
is counsel in this case for the  
following named party/parties:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. CERTIFICATION**

I hereby certify that I have today sent a copy of this to all counsel and unrepresented parties named above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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).