North Dakota Workforce Safety & Insurance

NOTICE OF LEGAL REPRESENTATION
LEGAL DIVISION
SFN 12410 (08/2014)

1600 EAST CENTURY AVENUE, SUITE 1
PO BOX 5585
BISMARCK ND 58506-5585
Telephone 1-800-777-5033
Toll Free Fax 1-888-786-8695
TTY (hearing impaired) 1-800-366-6888
Fraud and Safety Hotline 1-800-243-3331
www.WorkforceSafety.com

BEFORE WORKFORCE SAFETY & INSURANCE

In the Matter of the Claim of)
)
) Claim No. _____
)
)
for compensation from Workforce)
Safety & Insurance.)

NOTICE OF LEGAL REPRESENTATION

I, _____, Attorney at Law, together with the firm of _____, whose address is _____, have been retained by the injured worker. This representation extends to attorneys in my firm. I am licensed to practice law in the State of North Dakota.

I agree that I will follow the guidelines of Workforce Safety & Insurance (WSI) on payment of attorney fees and costs in my representation of the injured worker and submit monthly time statements to WSI to support my request for payment in accordance with N.D.A.C. §§ 92-01-02-11.1 and 92-01-02-11.2.

_____ _____
Date Attorney for injured worker

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1600 EAST CENTURY AVENUE, SUITE 1
PO BOX 5585
BISMARCK ND 58506-5585
TELEPHONE NUMBER (701) 328-3800
TOLL FREE FAX NUMBER 1-888-786-8695
TDD NUMBER (for the hearing impaired only)
(701) 328-3786
www.WorkforceSafety.com

Acknowledgement of Legal Representation
And Release

(To be executed by Injured Worker)

_____ represents me before WSI, with full authority to
(Name of attorney)
execute instruments in my name, receive medical and other reports concerning my claim, and to do all things reasonable and necessary to adjudicate my claim before WSI, effective the date listed below.

This document shall remain in effect for five years from the date of this notice or until revoked by me in writing, whichever occurs first. I revoke representation of any attorney previously representing me in connection with this workers' compensation claim.

_____ _____
Date Injured Worker

_____
Claim Number

Subscribed and sworn to before me this _____ day of _____, 20_____.

_____
Notary Public