





**NOTICE OF LEGAL REPRESENTATION**  
LEGAL DIVISION  
SFN 12410 (07/2014)

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