



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