



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

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.)

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I, _____, Attorney at Law, with
 the firm of _____ whose address is
 _____ I am licensed to
 practice law in the State of North Dakota. I have been engaged by the injured worker in a claim
 against Workforce Safety & Insurance.

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