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BEFORE WORKFORCE SAFETY & INSURANCE

In the Matter of the Claim of))) Claim No)
for compensation from Workforce Safety & Insurance.)
NOTICE (OF LEGAL REPRESENTATION
Ι,	, Attorney at Law,
together with the firm of	, whose address is
	, have been retained
by the injured worker. This representation	on 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	
and 92-01-02-11.2.	

Date

Attorney for injured worker



(Name of attorney)

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

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Acknowledgement of Legal Representation And Release

(To be executed by Injured Worker)

_____ represents me before WSI, with full authority to

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