



**THIRD PARTY NOTICE OF  
LEGAL REPRESENTATION**  
LEGAL DIVISION  
SFN 7700 (08/2019)

1600 E Century Ave, Ste 1  
PO Box 5585  
Bismarck ND 58506-5585  
**Telephone 800-777-5033**  
Toll Free Fax 888-786-8695  
TTY (hearing impaired) 800-366-6888  
Fraud and Safety Hotline 800-243-3331  
www.workforcesafety.com

**NOTICE TO**  
**WORKFORCE SAFETY & INSURANCE**

Pursuant to Section 65-01-09 of the North Dakota Century Code, I, the undersigned, hereby notify Workforce Safety & Insurance (WSI) that I intend to bring an action against a third party whom I feel is responsible for the injuries suffered by me on (date) \_\_\_\_\_, 20\_\_\_\_\_.

I agree that I will act as trustee for WSI for its subrogated interest, pursuant to statute, in this case.

I hereby notify WSI that I have employed \_\_\_\_\_,  
Attorney at Law, of the firm of \_\_\_\_\_  
at (address) \_\_\_\_\_  
to represent me in this third party action against \_\_\_\_\_(third party name), -  
\_\_\_\_\_ (address).

I hereby authorize and request WSI to reveal to my attorney any or all information in my claim file number \_\_\_\_\_.

**Lien Notice:** WSI has a lien in the full amount it has paid in all benefits for this claim. This lien attaches to all claims, demands, settlement proceeds, judgment awards, or insurance payable by reason of a legal liability of a third person. If you receive any money in regard to this claim from a third person or their insurance company, and WSI does not receive payment of its lien within thirty days of their payment to you, WSI may sue you and/or your personal injury attorney for the full amount of the lien. No release of liability or satisfaction of any judgment, claim or demand is valid or effective against WSI's lien.

\_\_\_\_\_  
Signature of Injured Worker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Third-Party Attorney for Injured Worker

\_\_\_\_\_  
Date