CC-FORM-93

WORKERS' COMPENSATION COMMISSION
1915 NORTH STILES AVENUE
OKLAHOMA CITY, OKLAHOMA 73105

THIS SPACE FOR COMMISSION USE ONLY

Send original and 2 copies to:
Workers' Compensation Commission

In re claim of:

Full Name of Claimant (Injured Employee)
Claimant's Social Security Number (LAST 4 DIGITS ONLY) XXX-XX-_____
Name of Employer (Respondent)
Employer's Insurance Carrier, Permit # for Commission Approved Individual Self-Insured or Own Risk Group, Uninsured

APPLICATION AND ORDER FOR LEAVE TO WITHDRAW AS ATTORNEY OF RECORD

COMMISSION FILE NO.
Date of injury

COMES NOW the undersigned Attorney of Record in the above-captioned matter and requests the Commission for leave to withdraw as Attorney of Record pursuant to Workers' Compensation Commission Rule 810:10-1-10(c), and in support thereof states:

YES	NO	Please mark the appropriate yes/no response to the left of each numbered question.
_____	_____	1. The client has knowledge of this *Application To Withdraw as Attorney.*
_____	_____	2. The client has approved the withdrawal.
_____	_____	3. I have made a good faith effort to notify the client and the client cannot be located.
_____	_____	4. The case is set for: ☐ Hearing ☐ PHC ☐ Mediation Date of Proceeding: _____ On the Issue(s) _____ _____
_____	_____	5. The case has been heard and is pending for an Order. HEARING DATE: _____ On the Issue(s) of: _____ _____
_____	_____	6. The case is pending on appeal to the : ☐ Commission En Banc ☐ Supreme Court
_____	_____	7. An Order awarding Permanent Total Disability has been entered by the Commission. DATE OF ORDER: _____
_____	_____	8. An Order awarding Death Benefits has been entered by the Commission. DATE OF ORDER: _____

I declare under PENALTY OF PERJURY that I have examined all statements contained herein, and to the best of my knowledge and belief, they are true, correct and complete. Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony punishable by imprisonment, a fine or both.

I HEREBY CERTIFY THAT A COPY HAS BEEN SENT TO:

Opposing Party		
Address (Number & Street)		
City	**State**	**Zip Code**
Withdrawing Attorney's Client		
Address (Number & Street)		
City	**State**	**Zip Code**

Signed this _____ day of _____,_____

Signature of Requesting Party		
Address (Number & Street)		
City	**State**	**Zip Code**
Telephone # of Requesting Party		
Print or type name of Attorney		**OBA #**

IT IS THEREFORE ORDERED, for good cause shown, that the above signed attorney is hereby permitted to withdraw as Attorney of Record from the above captioned case.

BY ORDER OF _____ _____

Administrative Law Judge **Date of Order**

Revised 12-18-14