

STATE OF CALIFORNIA
Department of Industrial Relations
Division of Workers' Compensation
WORKERS' COMPENSATION APPEALS BOARD

) *Case No.*

)

)

) *Applicant,*

)

vs.

)

)

)

)

) *Defendants'*

**Notice of
Dismissal of Attorney**

I, _____, applicant in the above-entitled case, have heretofore been represented by _____ as my attorney of record. I have dismissed said attorney and have no attorney whatsoever at the present time and wish to have future documents served upon me and not on my former attorney.

Copies of this notice were mailed to the following:

on _____
(Date)

(Applicant)

(Address)