

## Information & Assistance Unit guide 15

### How to dismiss your attorney

Complete this form if you no longer want to be represented by your attorney.

Complete the form. Follow the attached sample. Be sure to sign and date the form. If your attorney has taken your claim to the Workers' Compensation Appeals Board (WCAB), mail or deliver the original form to the local district office where your case is filed.

If no case has been filed, keep the original form for your records.

Send a copy to the attorney you are dismissing and to all the parties.

Submit the following documents with your form filing in the order shown:

- ✓ [Document Cover Sheet](#)
- ✓ [Document Separator Sheet](#) (for Notice of Dismissal of Attorney)
- ✓ [Notice of Dismissal of Attorney](#)
- ✓ [Document Separator Sheet](#) (for Proof of Service By Mail)
- ✓ [Proof of Service By Mail](#)

Keep originals for your record.

All documents filed with the WCAB must include a document cover sheet and document separator sheet. Please see I&A guides 17 and 18 to learn how to complete these forms. In addition all forms must be typed or handwritten in block letters to insure legibility. Additional form instructions can be found on the EAMS OCR handbook at [http://www.dir.ca.gov/dwc/eams/SampleFiles/EAMS\\_OCR%20handbook.pdf](http://www.dir.ca.gov/dwc/eams/SampleFiles/EAMS_OCR%20handbook.pdf).

If you need help, call an [Information and Assistance \(I&A\) office](#), or attend a [workshop for injured workers](#). The local I&A phone numbers are attached to this guide. You can get information on a local workshop from the I&A office or on the Web at [www.dwc.ca.gov](http://www.dwc.ca.gov).

If you do not have the name and address of your insurance company to complete a form, please link to <http://www.dir.ca.gov/DWC/EAMS/EAMS-LC/EAMSClaimsAdmins.asp>.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations different than those present here.

## Information & Assistance Unit guide 15

When sending documents to a district office, please make sure they are not folded or stapled. Send them in a large manila envelope. Please see the EAMS OCR forms handbook for further instructions.

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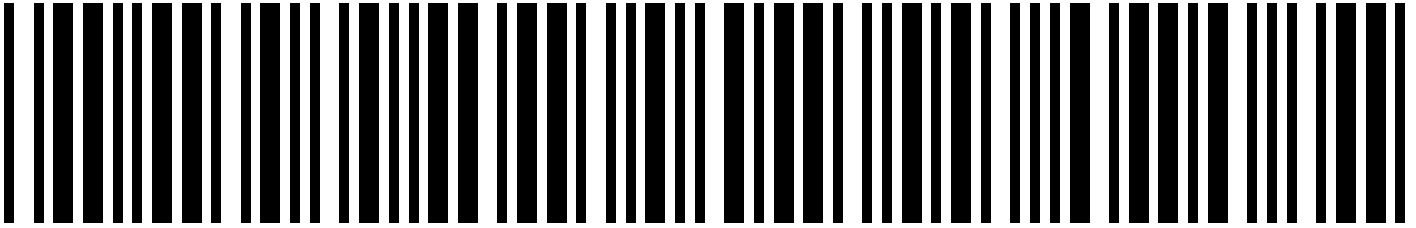
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**WORKERS' COMPENSATION APPEALS BOARD  
DISTRICT OFFICES**

<p><b>ANAHEIM, 92806-2131</b> 1065 N. PacificCenter Drive, Suite 202 Information &amp; Assistance Unit (714) 414-7401</p>	<p><b>SACRAMENTO, 95834-2962</b> 160 Promenade Circle Suite 300 Information &amp; Assistance Unit (916) 928-3158</p>
<p><b>BAKERSFIELD, 93301-1929</b> 1800 30<sup>th</sup> Street, Suite 100 Information &amp; Assistance Unit (661) 395-2514</p>	<p><b>SALINAS, 93906-2204</b> 1880 North Main Street, Suites 100 &amp; 200 Information &amp; Assistance (831) 443-3058</p>
<p><b>EUREKA, 95501-0481</b> 100 "H" Street, Suite 202 Information &amp; Assistance Unit (707) 441-5723</p>	<p><b>SAN BERNARDINO, 92401-1411</b> 464 West Fourth Street, Suite 239 Information &amp; Assistance Unit (909) 383-4522</p>
<p><b>FRESNO, 93721-2219</b> 2550 Mariposa Mall, Suite 4078 Information &amp; Assistance Unit (559) 445-5355</p>	<p><b>SAN DIEGO, 92108-4424</b> 7575 Metropolitan Drive, Suite 202 Information &amp; Assistance Unit (619) 767-2082</p>
<p><b>LONG BEACH, 90802-4304</b> 300 Oceangate Street, Suite 200 Information &amp; Assistance Unit (562) 590-5240</p>	<p><b>SAN FRANCISCO, 94102-7002</b> 455 Golden Gate Avenue, 2<sup>nd</sup> Floor Information &amp; Assistance Unit (415) 703-5020</p>
<p><b>LOS ANGELES, 90013-1105</b> 320 West 4<sup>th</sup> Street, 9<sup>th</sup> Floor Information &amp; Assistance Unit (213) 576-7389</p>	<p><b>SAN JOSE, 95113-1402</b> 100 Paseo de San Antonio, Suite 241 Information &amp; Assistance Unit (408) 277-1292</p>
<p><b>MARINA DEL REY, CA 90292-6902</b> 4720 Lincoln Boulevard, 2<sup>nd</sup> and 3<sup>rd</sup> floors Information &amp; Assistance Unit (310) 482-3858</p>	<p><b>SAN LUIS OBISPO, 93401-8736</b> 4740 Allene Way, Suite 100 Information &amp; Assistance Unit (805) 596-4159</p>
<p><b>OAKLAND, 94612-1499</b> 1515 Clay Street, 6<sup>th</sup> Floor Information &amp; Assistance Unit (510) 622-2861</p>	<p><b>SANTA ANA, 92701-4070</b> 605 W Santa Ana Boulevard, Bldg 28, Suite 451 Information &amp; Assistance Unit (714) 558-4597</p>
<p><b>OXNARD, 93030-7912</b> 1901 N. Rice Avenue, Suite 100 Information &amp; Assistance Unit (805) 485-3528</p>	<p><b>SANTA BARBARA, 93101 * Satellite office</b> 411 E Canon Perdido Street, Suite 2 Information &amp; Assistance Unit (805) 884-1988</p>
<p><b>POMONA, 91768-2653</b> 732 Corporate Center Drive Information &amp; Assistance Unit (909) 623-8568</p>	<p><b>SANTA ROSA, 95404-4771</b> 50 "D" Street, Suite 420 Information &amp; Assistance Unit (707) 576-2452</p>
<p><b>REDDING, 96001-2740</b> 2115 Civic Center Drive, Suite 15 Information &amp; Assistance Unit (530) 225-2047</p>	<p><b>STOCKTON, 95202-2314</b> 31 East Channel Street, Suite 344 Information &amp; Assistance Unit (209) 948-7980</p>
<p><b>RIVERSIDE, 92501-3337</b> 3737 Main Street, Suite 300 Information &amp; Assistance Unit (951) 782-4347</p>	<p><b>VAN NUYS, 91401-3370</b> 6150 Van Nuys Boulevard, Suite 105 Information &amp; Assistance Unit (818) 901-5374</p>

DOCUMENT SEPARATOR SHEET

SAMPLE



Product Delivery Unit

ADJ

Document Type

Legal Docs

Document Title

PETITION TO DISMISS ATTORNEY

Document Date

DATE YOU FILLED OUT THE FORM

MM/DD/YYYY

Author

YOUR NAME

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Office Use Only

Received Date

MM/DD/YYYY



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

your name

) Case No. your WCAB case number

) Applicant,

vs.

Notice of Dismissal of Attorney

your employer and insurance company

) Defendants

I, your name, applicant in the above-entitled case, have heretofore been represented by name of your attorney 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:

(1) your attorney

(2) insurance company

(3) WCAB

(4) other parties

on date mailed

(Date)

your signature

(Applicant)

your address

(Address)

**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)

Proof Of Service By Mail

I declare that:

I am (resident of/employed in) the county of YOUR COUNTY California. I am over the age of eighteen years, my (business/residence) address is:

PUT YOUR HOME ADDRESS HERE

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On TODAY'S DATE, I served the attached NAME OF DOCUMENT on the

INSURANCE COMPANY in said case, by placing a true copy thereof enclosed in a

sealed envelope with postage thereon fully paid, in the United State mail at

CITY WHERE YOU MAILED THIS

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addressed as follows

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on

(date) TODAY'S DATE, at CITY California.

Type or print name PRINT YOUR NAME

Signature SIGN YOUR NAME

Proof Of Service By Mail

I declare that:

I am (resident of/employed in) the county of \_\_\_\_\_ California. I am over the age of eighteen years, my (business/residence) address is:

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On \_\_\_\_\_, I served the attached \_\_\_\_\_ on the \_\_\_\_\_ in said case, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United State mail at

\_\_\_\_\_ addressed as follows \_\_\_\_\_

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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on

(date) \_\_\_\_\_, at \_\_\_\_\_ California.

Type or print name \_\_\_\_\_

Signature \_\_\_\_\_