

ATTORNEY/LICENSED REPRESENTATIVE REQUEST TO WITHDRAW FROM REPRESENTATION

PO Box 5205, Binghamton, NY 13902-5205

Web Upload link: https://wcbdoc.services.conduent.com/

Pursuant to 12 NYCRR § 300.17, this form must be submitted whenever an attorney or licensed representative seeks to withdraw their representation of a claimant before the Board or a Workers' Compensation Law Judge in any claim or claims.

Send this form to the claimant and secure the claimant's signature in Part I. Complete Part II and check the appropriate box in Part II, Section C.

WCB Case #(s)	Claimant's Name (Last, First, MI)

Part I

I am the claimant in this matter/these matters. I agree to allow my attorney/licensed representative to withdraw from representing me in the above listed case(s).

Claimant Name (Last, First, MI)

Signature of Claimant

Part II

A. I, ______, hereby request to withdraw from representation of the above named claimant in the cases listed above. My request to withdraw meets the standards set forth in 12 NYCRR § 300.17, and the Rules of Professional Conduct for attorneys (22 NYCRR 1200.16 Rule 1.16) or the Rules of Conduct for licensed representatives (12 NYCRR 302-2) and is based on the following reason(s):

Β.	Check	all	app	licab	le	boxes:
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 Check ONE of the following: There is no application for review pending before the Board There is an appeal pending before 	d or the Full Board or an appeal to the Appellate Division; , and a response is due					
 2. Check ONE of the following: A hearing is not scheduled in this matter and I have not be A hearing is set for the date of: 	en notified of any other deadline that requires a response;					
3. A deadline for a response to	has been set for the date					
4. 🔲 The claimant has not been classified (see Subject Number 046-548, May 28, 2013).						
5. The following cases(s) have been settled via Section 32 wa	aiver agreement (list all claims settled via Section 32):					
 Check ONE of the following: The claimant agreed to allow me to withdraw from representation I attempted in good faith to secure the claimant's signature in 						
D . I certify that the above is true and correct to the best of my knowle their representatives, and unrepresented parties in this claim, including						
Signature of Attorney/Licensed Representative	Date Submitted					

Address of Attorney/Licensed Representative

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Attorney/Licensed Representative Phone Number

Attorney/Licensed Representative's Identification Number (if any)

Whenever an attorney or licensed representative is notified that the claimant has terminated their retainer (12 NYCRR 300.17[g]), or the attorney or licensed representative has withdrawn from representation of the claimant (12 NYCRR 300.17[b][2][ii]), a final attorney's fee application shall be promptly submitted to the Board. The attorney or licensed representative shall file an OC-400.1 with the Board within 30 days of notice that their retainer has been terminated, or their withdrawal from representation, and serve a copy upon the claimant.

OC-400.17 (8-20)

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