

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)