

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 a copy of the form to the local district office where your case is filed.

If no case has been filed there is no need to submit a copy of the form with your local WCAB office.

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

Keep copies of your filings 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.

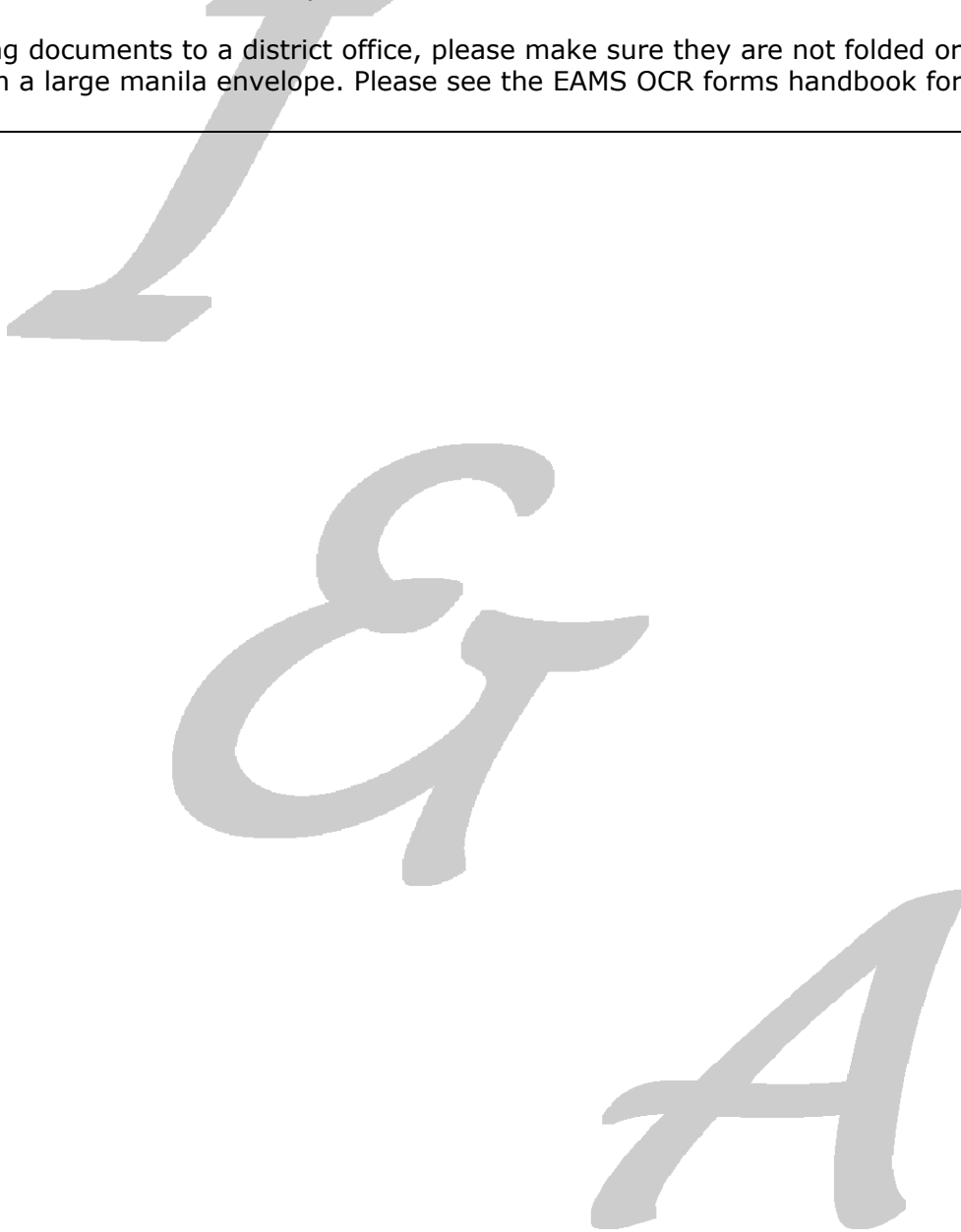
If you need help, call an [Information and Assistance \(I&A\) office](#), or attend a [workshop for injured workers](#). The local I&A phone numbers are attached to this guide. You can get information on a local workshop from the I&A office or on the Web at www.dwc.ca.gov.

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>.

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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.

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.



WORKERS' COMPENSATION APPEALS BOARD DISTRICT OFFICES

ANAHEIM, 92806-2131

1065 North Link, Suite 170
Information & Assistance Unit (714) 414-1801

BAKERSFIELD, 93301-1929

1800 30th Street, Suite 100
Information & Assistance Unit (661) 395-2514

EUREKA, 95501-0529 * Virtual office *

Information & Assistance Unit
(707) 441-5723

FRESNO, 93721-2219

2550 Mariposa Street, Suite 4078
Information & Assistance Unit (559) 445-5355

LODI, 95240-6936

3021 Reynolds Ranch Parkway, Suite 130
Information & Assistance Unit (209) 948-7980

LONG BEACH, 90810-1870

1500 Hughes Way, Suite C203
Information & Assistance Unit (424) 450-2565

LOS ANGELES, 90013-1105

320 W 4th Street, 9th Floor
Information & Assistance Unit (213) 576-7389

MARINA DEL REY, 90292-6902

4720 Lincoln Boulevard, 2nd and 3rd Floors
Information & Assistance Unit (310) 482-3820

OAKLAND, 94612-1499

1515 Clay Street, 6th Floor
Information & Assistance Unit (510) 622-2861

OXNARD, 93030-7912

1901 N Rice Avenue, Suite 100
Information & Assistance Unit (805) 485-3528

POMONA, 91768-1653

732 Corporate Center Drive
Information & Assistance Unit (909) 623-8568

REDDING, 96002-0940

250 Hemsted Drive, 2nd Floor, Suite B
Information & Assistance Unit (530) 225-2047

RIVERSIDE, 92501-3337

3737 Main Street, Suite 300
Information & Assistance Unit (951) 782-4347

SACRAMENTO, 95834-2962

160 Promenade Circle, Suite 300
Information & Assistance Unit (916) 928-3158

SALINAS, 93906-2204

1880 N Main Street, Suites 100 & 200
Information & Assistance (831) 443-3058

SAN BERNARDINO, 92401-1411

464 W Fourth Street, Suite 239
Information & Assistance Unit (909) 383-4522

SAN DIEGO, 92108-4424

7575 Metropolitan Drive, Suite 202
Information & Assistance Unit (619) 767-2082

SAN FRANCISCO, 94102-7014

455 Golden Gate Avenue, 2nd Floor
Information & Assistance Unit (415) 703-5020

SAN JOSE, 95110-3718

224 Airport Parkway, Suite 600
Information & Assistance Unit (408) 277-1292

SAN LUIS OBISPO, 93401-8736

4740 Allene Way, Suite 100
Information & Assistance Unit (805) 596-4159

SANTA ANA, 92707-7704

2 MacArthur Place, Suite 600
Information & Assistance Unit (714) 942-7576

SANTA BARBARA, 93101-7538

130 E Ortega Street
Information & Assistance Unit (805) 568-1390

SANTA ROSA, 95404-4771

50 "D" Street, Suite 420
Information & Assistance Unit (707) 576-2452

VAN NUYS, 91401-3370

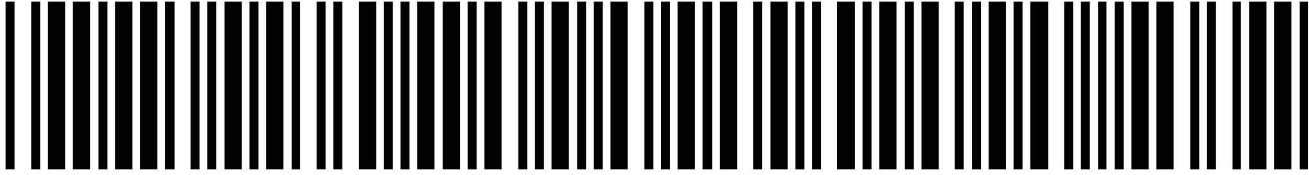
6150 Van Nuys Boulevard, Suite 105
Information & Assistance Unit (818) 901-5374



STATE OF CALIFORNIA
DWC DISTRICT OFFICE

SAMPLE

DOCUMENT COVER SHEET



Is this a new case? Yes No Companion Cases Exist Walkthrough Yes No

More than 15 Companion Cases

TODAY'S DATE

Date:(MM/DD/YYYY)

SSN: **YOUR SOCIAL SECURITY NUMBER**

EAMS CASE NUMBER

Case Number 1

Specific Injury

DATE OF INJURY

Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

IF NEW CASE LEAVE BLANK

USE CODE FROM BODY PART CODE LIST -- SEE PAGE 8

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

WHEN MORE THAN 5 BODY PARTS USE BODY PART NUMBER 700 IN THIS FIELD

Other Body Parts: _____

Please check unit to be filed on (check only one box)

ADJ DEU SIF UEF SAU INT RSU

Companion Cases

Specific Injury

Case Number 2

Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____



District office codes for place of venue

| Legend Abbreviation | Office |
|---------------------|-----------------|
| AHM | Anaheim |
| ANA | Santa Ana |
| BAK | Bakersfield |
| EUR | Eureka* |
| FRE | Fresno |
| LAO | Los Angeles |
| LBO | Long Beach |
| LOD | Lodi |
| MDR | Marina del Rey |
| OAK | Oakland |
| OXN | Oxnard |
| POM | Pomona |
| RDG | Redding |
| RIV | Riverside |
| SAC | Sacramento |
| SAL | Salinas |
| SBA | Santa Barbara |
| SBR | San Bernardino |
| SDO | San Diego |
| SFO | San Francisco |
| SJO | San Jose |
| SLO | San Luis Obispo |
| SRO | Santa Rosa |
| VNO | Van Nuys |

* Eureka is a virtual office.

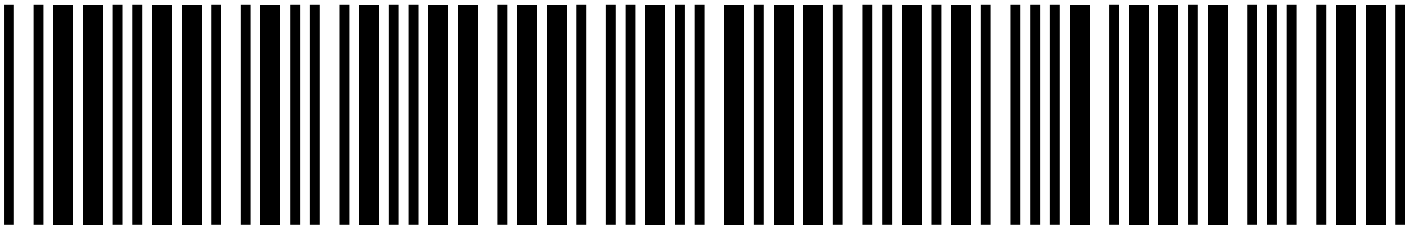
**Use this document to complete forms,
but do not file this document with your forms.**

BODY PART CODES LIST

| Code Number | Description |
|-------------|---|
| 100 | Head - not specified |
| 110 | Brain |
| 120 | Ear - not specified |
| 121 | Ear - external |
| 124 | Ear - internal including hearing |
| 130 | Eye - including optic nerves and vision |
| 140 | Face - not specified |
| 141 | Jaw - including chin and mandible |
| 144 | Mouth - including lips, tongue, throat and taste |
| 145 | Teeth |
| 146 | Nose - including nasal passages, sinus and smell |
| 148 | Face - multiple parts any combination of above parts |
| 149 | Face - forehead, cheeks, eyelids |
| 150 | Scalp |
| 160 | Skull |
| 198 | Head - multiple injury any combination of above parts |
| 200 | Neck |
| 300 | Upper extremities - not specified |
| 310 | Arm - above wrist not specified |
| 311 | Arm - upper arm humerus |
| 313 | Arm - elbow head of radius |
| 315 | Arm - forearm radius and ulna |
| 318 | Arm - multiple parts any combination of above parts |
| 319 | Arm - not specified |
| 320 | Wrist |
| 330 | Hand - not wrist or fingers |
| 340 | Fingers |
| 398 | Upper extremities - multiple parts any combination of above parts |
| 400 | Trunk - not specified |
| 410 | Abdomen - including internal organs and groin |
| 411 | Hernia |
| 420 | Back - including back muscles, spine and spinal cord |
| 430 | Chest - including ribs, breast bone and internal organs of the chest |
| 440 | Hips - including pelvis, pelvic organs, tailbone, coccyx and buttocks |
| 450 | Shoulders - scapula and clavicle |
| 498 | Trunk - use for side; multiple parts any combination of above parts |

| Code Number | Description |
|-------------|---|
| 500 | Lower extremities - not specified |
| 510 | Legs - above ankles, not specified |
| 511 | Thigh femur |
| 513 | Knee Patella |
| 515 | Lower leg tibia and fibula |
| 518 | Leg - multiple parts any combination of above parts |
| 519 | Leg - not specified |
| 520 | Ankle malleolus |
| 530 | Foot not ankle or toe |
| 540 | Toes |
| 598 | Lower extremities - multiple parts any combination of above parts |
| 700 | Multiple parts more than five major parts use only in fifth position of listing of body parts |
| 800 | Body system - not specific |
| 801 | Circulatory system - heart - other than heart attack, blood, arteries, veins, etc. |
| 802 | Circulatory system - Heart attack |
| 810 | Digestive system - stomach |
| 820 | Excretory system - kidneys, bladder, intestines, etc. |
| 830 | Musculo-skeletal system - bones, joints, tendons, muscles, etc. |
| 840 | Nervous system - not specified |
| 841 | Nervous system - Stress |
| 842 | Nervous system - Psychiatric/psych |
| 850 | Respiratory system - lungs, trachea, etc. |
| 860 | Skin dermatitis, etc. |
| 870 | Reproductive systems |
| 880 | Other body systems |
| 900 | COVID-19 |
| 999 | Unclassified - insufficient information to identify body parts |

DOCUMENT SEPARATOR SHEET



Product Delivery Unit

Document Type

Document Title

Document Date
MM/DD/YYYY

Author

Office Use Only

Received Date _____
MM/DD/YYYY



SAMPLE

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

YOUR NAME

) Case No. **EAMS/WCAB**

)
)
)
) Applicant,)

vs.

YOUR EMPLOYER AND INSURANCE COMPANY

)
)
)
)
) Defendants)

Notice of Dismissal of Attorney

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:

YOUR ATTORNEY

INSURANCE COMPANY

WCAB

OTHER PARTIES

on **DATE MAILED**

(Date)

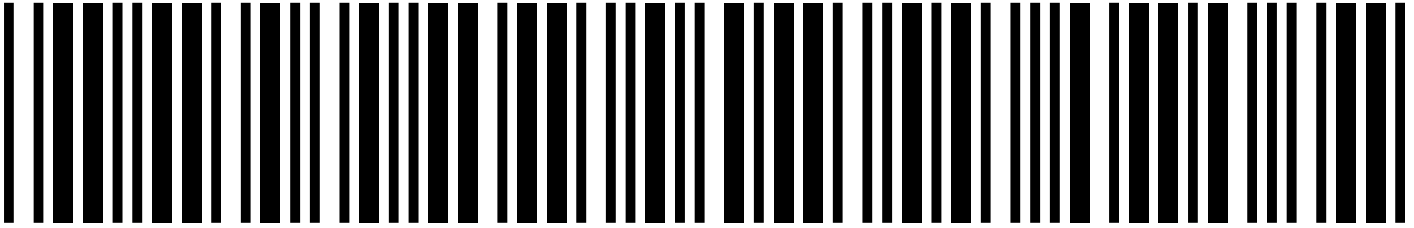
YOUR SIGNATURE

(Applicant)

YOUR ADDRESS

(Address)

DOCUMENT SEPARATOR SHEET



Product Delivery Unit

Document Type

Document Title

Document Date
MM/DD/YYYY

Author

Office Use Only

Received Date _____
MM/DD/YYYY



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

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

on the parties listed below 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 addressed as follows:

1) WORKERS' COMPENSATION APPEALS BOARD: ADDRESS
2) INSURANCE COMPANY: NAME, ADDRESS AND CLAIM NUMBER
3) DEFENSE ATTORNEY (IF KNOWN): NAME AND ADDRESS
4) ALL OTHER PARTIES INVOLVED IN YOUR CASE: NAME AND ADDRESS

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