Reset

Minnesota Department of Labor and
Industry Workers' Compensation Division
651-284-5032 or 800-342-5354

Notice of Appearance of Attorney for Employee

PRINT IN INK or TYPE
ENTER DATES in MM/DD/YYYY FORMAT

NA03

DO NOT USE THIS SPACE

WID or SSN	DATE(S) OF CLAIMED INJURY
EMPLOYEE VS.	
EMPLOYER AND	
INSURER AND	

TO THE WORKERS' COMPENSATION DIVISION AND THE ABOVE NAMED INSURER:

ATTORNEY NAME	ATTORNEY REGISTRATION #	
ADDRESS	PHONE # (include area code)	
CITY	STATE	ZIP CODE

I have retained the services of the above-named attorney to represent my interests in the above-entitled matter. I hereby authorize the Workers' Compensation Division to release to my attorney any information the attorney may request regarding this injury. It is requested that you make service of all legal documents, notices, etc., upon my attorney.

DATE	EMPLOYEE SIGNATURE

This notice supercedes any and all prior notices of appearance. A copy of the retainer agreement must accompany this notice of appearance.

This material can be made available in different forms, such as large print, Braille or audio. To request, call 651-284-5032 or 1-800-342-5354/Voice.

ANY PERSON WHO, WITH INTENT TO DEFRAUD, RECEIVES WORKERS' COMPENSATION BENEFITS TO WHICH THE PERSON IS NOT ENTITLED BY KNOWINGLY MISREPRESENTING, MISSTATING, OR FAILING TO DISCLOSE ANY MATERIAL FACT IS GUILTY OF THEFT AND SHALL BE SENTENCED PURSUANT TO SECTION 609.52, SUBDIVISION 3.