

COURT OF EXISTING CLAIMS
 1915 NORTH STILES, STE 127
 OKLAHOMA CITY, OKLAHOMA 73105-4918

THIS SPACE FOR COURT USE ONLY

FORM 93

Send original and 2 copies to
 Court of Existing Claims

In re claim of:

Full Name of Claimant (Injured Employee)
Claimant's Social Security Number (LAST 4 DIGITS ONLY) XXX-XX-_____
Name of Employer (Respondent)
Employer's Insurance Carrier, Permit # for Court Approved Individual Self-Insured or Own Risk Group, Uninsured

**APPLICATION AND ORDER FOR LEAVE TO WITHDRAW
 AS ATTORNEY OF RECORD**

WCC FILE NO.
Date of injury

COMES NOW the undersigned Attorney of Record in the above-captioned matter and requests this Court for leave to withdraw as Attorney of Record pursuant to Court of Existing Claims Rule 51, and in support thereof states:

YES	NO	Please mark the appropriate yes/no response to the left of each numbered question.
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- | | | |
|-------|-------|--|
| _____ | _____ | 1. The client has knowledge of this <i>Application To Withdraw as Attorney</i> . |
| _____ | _____ | 2. The client has approved the withdrawal. |
| _____ | _____ | 3. I have made a good faith effort to notify the client and the client cannot be located. |
| _____ | _____ | 4. The case is set for: <input type="checkbox"/> Trial <input type="checkbox"/> TID <input type="checkbox"/> PHC <input type="checkbox"/> Mediation
Date of Proceeding: _____ On the Issue(s) _____ |
| _____ | _____ | 5. The case has been tried and is pending for an Order.
TRIAL DATE: _____ On the Issue(s) of: _____ |
| _____ | _____ | 6. The case is pending, on appeal to the : <input type="checkbox"/> Court En Banc <input type="checkbox"/> Supreme Court |
| _____ | _____ | 7. An Order awarding Permanent Total Disability has been entered by the Court.
DATE OF ORDER: _____ |
| _____ | _____ | 8. An Order awarding Death Benefits has been entered by the Court.
DATE OF ORDER: _____ |

I declare under penalty of perjury that I have examined all statements contained herein, and to the best of my knowledge and belief, they are true, correct and complete. Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony.

I HEREBY CERTIFY THAT A COPY HAS BEEN SENT TO:

Opposing Party
Address (Number & Street)
City State Zip Code
Withdrawing Attorney's Client
Address (Number & Street)
City State Zip Code

Signed this _____ day of _____,

Signature of Requesting Party
Address (Number & Street)
City State Zip Code
Telephone # of Requesting Party
Print or type name of Attorney OBA #

IT IS THEREFORE ORDERED, for good cause shown, that the above signed attorney is hereby permitted to withdraw as Attorney of Record from the above captioned case.

BY ORDER OF _____