



NOTICE TO WITHDRAW APPEARANCE

WCC Claim Number:

Date of Accident:

Claimant:

Insurer/Self-Insurer:

Employer:

Healthcare Provider:

The Counsel listed below, *who currently represents the following party in the above-referenced claim,* hereby gives notice that said attorney's appearance is stricken from this case:

Claimant	Employer/Insurer	SIF	UEF	Healthcare Provider
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ATTORNEY INFORMATION:

Name of Counsel:

WCC Attorney Registration No:

Street Address:

City/State/Zip:

Telephone:

CERTIFICATION OF SERVICE

I HEREBY CERTIFY on this _____ day of _____, _____ that at least 15 days prior to the filing of the Notice, a copy of the following was mailed to the client in accordance with COMAR 14.09.04.01E and that the client had consented or had not responded: (a) Notice to Withdraw Appearance; and (b) notice advising the client (i) to have another attorney enter an appearance; or (ii) to notify the Commission in writing of the client's intention to proceed in proper person. I also certify that in accordance with COMAR 14.09.04.01F (1) copies of the Notice to Withdraw Appearance form with the attachment required by this regulation were served on all parties; and (2) notice of any pending hearing was mailed to the attorney's client.

Signature