



**NOTICE TO WITHDRAW APPEARANCE**

**INSTRUCTIONS: This form (C-25R) should only be used if your client has another attorney of record, or the claim has been settled and there is no possibility of any future medical benefits. Otherwise, you must submit Form C-27 Motion to Withdraw Appearance.**

**Please attach all required documentation.**

**WCC Claim No.:** \_\_\_\_\_ **Date of Accident:** \_\_\_\_\_

Claimant: \_\_\_\_\_

Insurer/Self-Insurer: \_\_\_\_\_

Employer: \_\_\_\_\_

Healthcare Provider: \_\_\_\_\_

In accordance with COMAR 14.09.04.01E(1), the undersigned counsel files this notice of withdrawal because:

The client has another attorney of record: \_\_\_\_\_ (name of attorney); or

The claim has been settled and there is no possibility of any future medical benefits. The order approving final agreement of settlement with no possibility of any future medical benefits was issued on \_\_\_\_\_.

**ATTORNEY INFORMATION:**

Party Represented:

Name of Counsel: \_\_\_\_\_

WCC Attorney Registration No: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**CERTIFICATION OF SERVICE**

I HEREBY CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ service of the foregoing was made to all parties entitled to service in accordance with COMAR 14.09.01.03.

**Signature**

**CLICK HERE TO CLEAR THE FORM**