



**NOTICE OF CHANGE / APPEARANCE OF COUNSEL**

**THIS FORM MUST BE FILED WHEN AN ATTORNEY APPEARS AS LEGAL COUNSEL FOR THE FIRST TIME OR A CHANGE OF COUNSEL HAS OCCURRED. ALL PARTIES MUST BE NOTIFIED. PLEASE NOTE - WHEN AN ATTORNEY LEAVES A FIRM AND ANOTHER ATTORNEY IN THAT FIRM TAKES OVER ACTIVE CASES, AN APPEARANCE OF COUNSEL MUST BE FILED FOR EACH MATTER.**

Please Print or Type

<b>E M P L O Y E E  &amp;  I N S.</b>	1. Employee's Name (Last, First, MI):		2. Employee's Social Security Number*:	
	3. Employee's Address (No. and Street, City, State, Zip Code):		4. Date of Injury (mm/dd/yyyy):	
	Check box if this is a new address <input type="checkbox"/>			
	5. Employer's Name & Address (No. and Street, City, State, Zip Code):		Check box if this is a new address <input type="checkbox"/>	
	6. Insurance Carrier's Name:		7. Self-Insured?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
			If Yes - Self Insurer #:	
	8. Insurance Carrier's Address (No. and Street, City, State, Zip Code):			
	9. PLEASE ENTER MY APPEARANCE FOR: <input type="checkbox"/> Employee <input type="checkbox"/> Insurer <input type="checkbox"/> Third Party <input type="checkbox"/> Other (Specify) _____			
10. EMPLOYEE HAS DISCHARGED ME AS COUNSEL - <input type="checkbox"/>				
11. COUNSEL HAS BEEN REPLACED BY SUCCESSOR COUNSEL AND IS WITHDRAWING FROM REPRESENTATION OF: <input type="checkbox"/> Employee <input type="checkbox"/> Insurer <input type="checkbox"/> Third Party <input type="checkbox"/> Other (Specify) _____				
<i>Attach Appearance of Successor Counsel</i>				
12. COUNSEL FOR: <input type="checkbox"/> Employee <input type="checkbox"/> Insurer <input type="checkbox"/> Third Party <input type="checkbox"/> Other (Specify) _____				
REQUESTS PERMISSION TO WITHDRAW PURSUANT TO 452 C.M.R. 1.18 (3)				
13. APPROVED BY: _____				
(Name)		(Title)		
(Signature) ON BEHALF OF THE DIVISION OF DISPUTE RESOLUTION				(Date - mm/dd/yyyy)
14. Attorney's Name & Address:				
Check box if this is a new address <input type="checkbox"/>				
15. Attorney's Board of Bar Overseer's Number:			16. Attorney's Telephone Number:	
17. Attorney's Signature:			18. Date Prepared (mm/dd/yyyy):	