FORM 114

The Commonwealth of Massachusetts
Department of Industrial Accidents – Department 114
1 Congress Street, Suite 100, Boston, Massachusetts 02114-2017
Info. Line 800-323-3249 ext. 7470 in Mass. Outside Mass. - 617-727-4900 ext. 7470
http://www.mass.gov/dia

DIA Board #
(If Known):

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

E M P L O Y E E & I N S.		
1. Employee's Name (Last, First, MI):		2. Employee's Social Security Number*:
3. Employee's Address (No. and Street, City, State, Zip Code): **Check box if this is a new address** ☐		**4. Date of Injury (mm/dd/yyyy):**
5. Employer's Name & Address (No. and Street, City, State, Zip Code): **Check box if this is a new address** ☐		
6. Insurance Carrier's Name:		7. Self-Insured?: ☐ Yes ☐ No If Yes - Self Insurer #:
8. Insurance Carrier's Address (No. and Street, City, State, Zip Code):		

9. PLEASE ENTER MY APPEARANCE FOR:
☐ **Employee** ☐ **Insurer** ☐ **Third Party** ☐ **Other (Specify)** _____

10. EMPLOYEE HAS DISCHARGED ME AS COUNSEL - ☐

**11. COUNSEL HAS BEEN REPLACED BY SUCCESSOR COUNSEL AND IS WITHDRAWING
FROM REPRESENTATION OF:** ☐ **Employee** ☐ **Insurer** ☐ **Third Party** ☐ **Other (Specify)** _____

Attach Appearance of Successor Counsel

12. COUNSEL FOR: ☐ **Employee** ☐ **Insurer** ☐ **Third Party** ☐ **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** ☐	
15. Attorney's Board of Bar Overseer's Number:	16. Attorney's Telephone Number:
17. Attorney's Signature:	18. Date Prepared (mm/dd/yyyy):

***Disclosure of Social Security Number is Voluntary. It will aid in the processing of documents.
Please Print Clearly or Type. Unreadable forms will be returned.**

Form 114 - Revised 7/2013- **Reproduce as needed.**