

# FORM 93

WORKERS' COMPENSATION COURT  
1915 NORTH STILES  
OKLAHOMA CITY, OKLAHOMA 73105-4918

Send original and 3 copies to  
Workers' Compensation Court

THIS SPACE FOR COURT USE ONLY

**In re claim of:**

Full Name of Claimant (Injured Employee)
Claimant's Social Security Number
Name of Employer or 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**

FILE NO.
Date of injury

COMES NOW the below signed Attorney of Record in the above-captioned matter requests that this Court grant leave to withdraw as Attorney of Record pursuant to Workers' Compensation Court Rule 51. In support of this Application, the undersigned attorney states as follows:

<b>YES</b>	<b>NO</b>	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"/> Settlement Conference <input type="checkbox"/> Mediation<br>Date of Proceeding: _____ On the Issue(s) _____ |
| _____ | _____ | 5. The case has been tried and is pending for an Order.<br>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.<br>DATE OF ORDER: _____  |
| _____ | _____ | 8. An Order awarding Death Benefits has been entered by the Court.<br>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** \_\_\_\_\_

**Date of Order**