

## How to dismiss your attorney

Complete this form if you no longer want to be represented by your attorney.

Complete the form. Follow the attached sample. Be sure to sign and date the form.

If your attorney has taken your claim to the Workers' Compensation Appeals Board (WCAB), **mail or deliver** the original form to the WCAB local office where your case is filed. If no case has been filed, keep the original form for your records.

Send a copy to the attorney you are dismissing and to the insurance company. Mail a copy of this form to all other parties involved in your case.

Keep a copy for your records.

If you need help, call an Information and Assistance (I&A) office, or attend a workshop for injured workers. The local I&A phone numbers are listed on the back of this guide. You can get information on a local workshop from the I&A office or on the Web at [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc).

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations different than those presented here.

## DIVISION OF WORKERS' COMPENSATION DISTRICT OFFICES

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**ANAHEIM, 92801-1162**

1661 N. Raymond Ave., Suite 202  
Information & Assistance Unit (714) 738-4038

**BAKERSFIELD, 93301-1929**

1800 30<sup>th</sup> Street, Suite 100  
Information & Assistance Unit (661) 395-2514

**EUREKA, 95501-0481**

100 "H" Street, Suite 202  
Information & Assistance Unit (707) 441-5723

**FRESNO, 93721-2280**

2550 Mariposa Street, Suite 4078  
Information & Assistance Unit (559) 445-5355

**GOLETA, 93117-3018**

6755 Hollister Avenue, Suite 100  
Information & Assistance Unit (805) 968-4158

**GROVER BEACH, 93433-2261**

1562 W. Grand Avenue  
Information & Assistance Unit (805) 481-3380

**LONG BEACH, 90802-4339**

300 Oceangate Streets, Suite 200  
Information & Assistance Unit (562) 590-5240

**LOS ANGELES, 90013-1105**

320 West 4<sup>th</sup> Street, 9<sup>th</sup> Floor  
Information & Assistance Unit (213) 576-7389

**MARINA DEL REY, CA 90292**

4720 Lincoln Blvd. 2<sup>nd</sup> floor  
Information & Assistance Unit (310) 482-3858

**OAKLAND, 94612-1402**

1515 Clay Street, 6<sup>th</sup> Floor  
Information & Assistance Unit (510) 622-2861

**OXNARD, 93030**

2220 East Gonzales Road, Suite 100  
Information & Assistance Unit (805) 485-3528

**POMONA, 91766-1601**

732 Corporate Center Drive  
Information & Assistance Unit (909) 623-8568

**REDDING, 96001-2796**

2115 Civic Center Drive, Suite 15  
Information & Assistance Unit (530) 225-2047

**RIVERSIDE, 92501-3337**

3737 Main Street, Suite 300  
Information & Assistance Unit (951) 782-4347

**SACRAMENTO, 95825-2403**

2424 Arden Way, Suite 230  
Information & Assistance Unit (916) 263-2741

**SALINAS, 93906-2204**

1880 North Main Street, Suites 100 & 200  
Information & Assistance (831) 443-3058

**SAN BERNARDINO, 92401-1411**

464 West Fourth Street, Suite 239  
Information & Assistance Unit (909) 383-4522

**SAN DIEGO, 92108**

7575 Metropolitan Drive, Suite 202  
Information & Assistance Unit (619) 767-2170

**SAN FRANCISCO, 94102-7002**

455 Golden Gate Avenue, 2<sup>nd</sup> Floor  
Information & Assistance Unit (415) 703-5020

**SAN JOSE, 95113-1482**

100 Paseo de San Antonio, Suite 241  
Information & Assistance Unit (408) 277-1292

**SANTA ANA, 92701-4070**

28 Civic Center Plaza, Suite 451  
Information & Assistance Unit (714) 558-4597

**SANTA ROSA, 95404-4760**

50 "D" Streets, Suite 420  
Information & Assistance Unit (707) 576-2452

**STOCKTON, 94202**

31 East Channel Street, Suite 344  
Information & Assistance Unit (209) 948-7980

**VAN NUYS, 91401-3373**

6150 Van Nuys Blvd., Suite 105  
Information & Assistance Unit (818) 901-5374

STATE OF CALIFORNIA
Department of Industrial Relations
Division of Workers' Compensation
WORKERS' COMPENSATION APPEALS BOARD

your name

) Case No. your WCAB case number

) Applicant,

vs.

Notice of Dismissal of Attorney

your employer and insurance company

) Defendants

I, your name, applicant in the above-entitled case, have heretofore been represented by name of your attorney as my attorney of record. I have dismissed said attorney and have no attorney whatsoever at the present time and wish to have future documents served upon me and not on my former attorney.

Copies of this notice were mailed to the following:

(1) your attorney

(2) insurance company

(3) WCAB

(4) other parties

on date mailed

(Date)

your signature

(Applicant)

your address

(Address)

**STATE OF CALIFORNIA**  
**Department of Industrial Relations**  
**Division of Workers' Compensation**  
**WORKERS' COMPENSATION APPEALS BOARD**

) *Case No.*

)

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) *Applicant,*

)

vs.

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)

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)

) *Defendants'*

**Notice of  
Dismissal of Attorney**

I, \_\_\_\_\_, applicant in the above-entitled case, have heretofore been represented by \_\_\_\_\_ as my attorney of record. I have dismissed said attorney and have no attorney whatsoever at the present time and wish to have future documents served upon me and not on my former attorney.

Copies of this notice were mailed to the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

on \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Address)