

**BEFORE THE BOARD OF INDUSTRIAL INSURANCE APPEALS
STATE OF WASHINGTON**

1 **IN RE:** _____) **DOCKET NO.** _____
2)
3 **CLAIM NO.** _____) **NOTICE OF APPEARANCE**
4

5
6
7 **TO: THE BOARD OF INDUSTRIAL INSURANCE APPEALS**
8 **STATE OF WASHINGTON; and all parties**
9

10
11 Please take notice that the undersigned hereby appears as the representative of record in
12 this matter on behalf of _____, the:
13

- 14
15 Worker/Claimant
16 Beneficiary
17 Employer
18 Provider
19 Retrospective Rating Group
20
21
22
23

24
25 Please serve all further papers and notices upon the undersigned at the address below.
26

27 Name _____ Bar No.* _____
28
29 Firm Name _____
30 Mailing Address: _____
31
32 City: _____ State: _____ Zip: _____
33 Phone: _____ Email Address: _____
34

35 Dated: _____.
36

37
38
39 Signature: _____
40
41
42
43
44
45
46

47 *Leave blank if you are not an attorney