STATE OF WASHINGTON DOCKET NO. IN RE: CLAIM NO. **NOTICE OF INTENT TO WITHDRAW** TO: **BOARD OF INDUSTRIAL INSURANCE APPEALS and all parties** intends to withdraw as attorney/representative for (attorney/representative) _____, a copy of this (date) (claimant/employer/etc.) notice was sent by certified mail to or personally served on _____ whose (name) last known address is: Proof of service is attached. Copies of this notice were served on other parties on . (date) This withdrawal shall be effective on ______ without Board order unless an (date) objection to the withdrawal is served on the withdrawing attorney prior to this date. This case is not set for hearings. This case is set for hearings to begin on ______. By:_____

BEFORE THE BOARD OF INDUSTRIAL INSURANCE APPEALS